Thornhill Junior and Infant School

Safeguarding & Child Protection Policy and Procedures

Approved by the Governing Body on 18.09.18

Signed (Chair of Governors) Paul Spencer

Published 7th September 2018

Date of Next Review September 2019
(as required and not more than 12 months from the publication date)

This Policy and Procedures are available on the academy website or from the school office on request. A summary has also been produced and this can be found at Appendix 1
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<td>Kirkleessafeguardingchildren.co.uk</td>
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<td>Academy Designated Safeguarding Lead (DSL)</td>
<td>Michael Rowland</td>
</tr>
<tr>
<td>Academy Deputy DSL (DDSL)</td>
<td>Leisa Farrar, Amanda Spencer, Jen Rylance, Gemma Padgett</td>
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<tr>
<td>Academy Chair of Governors</td>
<td>Paul Spencer</td>
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<tr>
<td>Academy Link [SG] Governor</td>
<td>June Wild</td>
</tr>
<tr>
<td>Focus Trust Chief Executive</td>
<td>Helen Rowland 01457 821 813</td>
</tr>
<tr>
<td>HR / Working with Schools</td>
<td>0161 707 1520</td>
</tr>
<tr>
<td>Children's Social Care Referrals</td>
<td>01484 414960</td>
</tr>
<tr>
<td>Children’s Social Care Out of Hours / Emergency Duty Team</td>
<td>01484 414933</td>
</tr>
<tr>
<td>Local Authority Designated Officer (LADO)</td>
<td>01484 221000 Ann Crossley</td>
</tr>
<tr>
<td></td>
<td>Mobile 07976 497654</td>
</tr>
<tr>
<td>Children Missing Education Contact (LA)</td>
<td>01484 221919</td>
</tr>
<tr>
<td>Child Sexual Exploitation Team</td>
<td>01484 414960</td>
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<td>Police Public / Family Protection Unit</td>
<td>01484 431134</td>
</tr>
<tr>
<td>Prevent / Channel Contact / referrals</td>
<td>01924 483747 Lee Hamilton 07528 988798</td>
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<tr>
<td>Looked After Children / Virtual School Head (LA)</td>
<td>Janet Tolley 01484 221000</td>
</tr>
<tr>
<td>Young Carers Contact (LA)</td>
<td>Liz Robinson 01484 426100</td>
</tr>
<tr>
<td>Private Fostering Contact (LA)</td>
<td>01484 221000</td>
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<tr>
<td>NSPCC Whistle – Blowing Helpline</td>
<td>0800 0280285</td>
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<td>National Domestic Abuse Helpline</td>
<td>0808 2000247</td>
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INTRODUCTION, PURPOSE & PRINCIPLES
At Thornhill Junior and Infant School safeguarding permeates all aspects of school life and is everyone's responsibility. We recognise that schools and their staff are an important part of the wider safeguarding system for children. Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. No single professional can have a full picture of a child’s needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

The purpose of this document is to ensure that all staff are aware of the arrangements that Thornhill Junior and Infant School and Focus Trust have in place for safeguarding and promoting the welfare of pupils. It provides guidance to help staff who may have concerns about the safety or welfare of a child, and sets out the academy’s position in relation to all aspects of safeguarding and child protection processes. The policy and related procedures will be central to staff training and induction.

This document aims to do more than demonstrate compliance. It can be used alongside other documentation and procedures and aims to assist in the development of awareness and greater understanding of safeguarding and child protection throughout our academy. It is, therefore, something that can and should be read and re-visited as and when the need arises¹.

We aim to provide a positive, stimulating, caring and safe environment which promotes the social, physical, emotional and moral development of each child. Therefore, we will strive to ensure that all pupils remain safe and free from harm and are committed to playing a full and active part in multi-agency safeguarding processes and responses.

This Policy and Procedure will be reviewed as and when required and at least annually. Should any deficiencies or weaknesses in safeguarding and child protection arrangements become apparent, these will be remedied without delay.

SCOPE
This Policy and Procedure reflects core statutory guidance (this list is by no means exhaustive):
- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education (2018), which lays-out what schools must and should do.
- Keeping Children Safe in Education 2018
- Statutory Framework for the Early Years Foundation Stage
- EYFS 2017

The academy's Policy and Procedures will apply at all times when it is providing services or activities directly under the management of Thornhill Junior and Infant School staff. It applies to everyone in our academy.

¹ A raft of useful, up-to-date resources, many of which are linked in this document, can be accessed via the following Dropbox link: Safeguarding Resources via Dropbox
Details of Focus Trust and academy policies in these areas are contained in other documents; these are available on request and can also be accessed via the Trust and academy websites respectively. Focus Trust and Thornhill Junior and Infant School will ensure that its documentation and practice is reviewed regularly in order that it remains complaint with legislation and guidance issued by the DfE.

**DEFINITIONS**

**Children**
The Children Acts 1989 and 2004, state that a child is anyone who has not reached their 18th birthday. Alongside our pupils, our commitment to safeguarding and promoting welfare extends to all children who visit our academy.

**Safeguarding & Promoting Welfare**

'Working Together to Safeguard Children' (2018) defines safeguarding and promoting welfare as:
- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

'Safeguarding and promoting children's welfare includes but is about much more than 'child protection'. For example, it encompasses issues such as bullying (including cyberbullying), health and safety, (about which there are specific statutory requirements), arrangements for meeting medical needs, first aid, school security, attendance, admissions, exclusions, children missing education, sex and relationships education, PSHE (including teaching safeguarding), staff conduct, managing allegations, whistle-blowing, equality and diversity, managing racist incidents, harassment & discrimination, school security, ICT / online safety, safer recruitment and selection.

**Child Protection**

Is one part of safeguarding and promoting the welfare of children and refers to the activity that is undertaken to protect children who are suffering, or at risk of suffering significant harm.

*See Part Three of this policy for a closer look at child protection, significant harm, related concepts and associated processes.*

**OUR COMMITMENT TO BEST SAFEGUARDING PRACTICE**

At our academy we do more than just what is required. Outstanding safeguarding is underpinned by some key characteristics and these are reflected in our approach.

**A Safeguarding Ethos & Culture**

- Safeguarding is everyone’s responsibility. Senior staff and governors ensure that safeguarding is a priority for everyone;
- We adopt a whole-school approach and maintain an attitude of ‘it could happen here’ where safeguarding is concerned.
- We are clear about our role and those of other agencies and do everything possible to establish effective working relationships with parents and colleagues from other agencies;
- Policies and procedures are compliant and kept up-to-date. Designated Safeguarding Leads and governors ensure that these are embedded, reviewed and updated regularly;
- Everyone is clear about safeguarding and child protection arrangements and procedures so that pupils and families, as well as adults in school, know who they can talk to and what to do if they are worried;
• A comprehensive pastoral system helps us to identify vulnerability, risk and need and enables us to provide - and / or work with - other agencies to provide early help and support.
• We have high expectations of everyone in respect of courteous and responsible behaviour;
• We are clear that parents have a right to be informed in respect of any concerns about their child’s welfare, or any action taken to safeguard and promote the child’s welfare, providing this does not compromise the child’s safety.

**A Child Centred Approach**

• This is a place where children can approach any adult at any time if they are worried or in difficulty. Our safeguarding practice is oriented around the wishes, feelings and best interests of children. We consult with children so that their wishes and feelings are known and taken into account. We *always* strive to give them a ‘voice’.
• We are proactive and take positive steps to inform children of their rights to safety and protection and the options available to express any fears or concerns. We will listen to what they say, take them seriously and work collaboratively in order to meet their needs.

**Building Resilience**

• We recognise that high self-esteem, confidence, peer support and clear lines of communication with trusted adults helps all children, and especially those at risk of or suffering abuse;
• We will maximise opportunities to teach safeguarding, including through work with parents and carers. We include in the curriculum activities and opportunities for PSHE which equip children with the skills they need to stay safe - including online, how to communicate any worries, fears or concerns and how to take responsibility for their own and others’ safety. We sometimes use external speakers / organisations to help us do this.
• Mental Health is a priority in school and our Mental Health policy focusses on;
  o Promoting positive mental health in all staff and pupils
  o Increasing an understanding and awareness of common mental health issues
  o Training staff to spot the early warning signs of mental ill health
  o Providing support to staff working with young people with mental health issues
  o Providing support to pupils suffering mental ill health and their peers and parents or carers

**A Safe Environment**

• We implement robust recruitment procedures in respect of all staff, volunteers and visitors to our school, in-line with relevant legislation and guidance and, where necessary, beyond it;
• We take online safety seriously and do all that is reasonable to limit children’s exposure to risk by putting safety mechanisms in place, monitoring usage and educating children and staff about safe and acceptable use;
• Everyone is clear about expected codes of conduct and what to do in the event that they are worried about an adult or child’s behaviour;
• Everyone, including pupils and parents, is clear about and understands their responsibilities in respect of site security;
• We promote safety by undertaking, reviewing and updating various risk assessments, and consult and liaise with parents and pupils as part of these processes;
• We consider broader, health and safety issues and day-to-day arrangements are clear and understood by everyone;
• We ensure that staff have access to the training, skills, knowledge and support they need;
• A high priority is given to safeguarding training and we ensure that everyone is up-to-date,

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2 [Rise Above: Free PSHE resources on health, wellbeing and resilience](#)
in-line with statutory guidance from Kirklees Safeguarding Board. It is also integral to induction.

Confidentiality, Record Keeping & Information Sharing
- Clear lines of accountability, communication and robust record-keeping systems enable us to build 'pictures' and, where necessary, share appropriate information with those who need it;
- We manage sensitive information appropriately and ensure that our practice complies with legislation\(^3\), local protocols and national guidance\(^4\).

SAFEGUARDING GOVERNANCE
Our Local Governing Body (LGB) ensures that the academy complies with its duties under legislation and statutory guidance. It ensures that policies, procedures and training are effective and comply with the law and local protocols and procedures at all times; it also identifies areas for improvement.

Our governors are visible, proactive and well enough informed to ask the right questions in order to hold senior leaders to account. The Principal and Designated Safeguarding Lead ensure that the policies and procedures adopted by the LGB, particularly concerning referrals of cases of suspected abuse and neglect, are fully implemented and followed by all staff.

The LGB recognises the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Therefore, it will work with the Principal and DSL to ensure that staff have opportunities to contribute to and shape safeguarding arrangements and child protection policy.

Three times a year the Designated Safeguarding Lead prepares a safeguarding report for governors. Discussions are recorded and any agreed and / or remedial action(s) documented and followed-through, formally and without delay.

Some governors have specific safeguarding responsibilities:

The Chair, Mr Paul Spencer, will:
- Liaise with the local authority's designated officer (sometimes called LADO) and Focus Trust's CEO in the event of an allegation against the Principal;
- Work closely with the Principal, DSL and Nominated Safeguarding Governor to ensure continued compliance and best practice.

Together with the Chair, the Nominated Safeguarding Governor, Miss June Wild, will:
- Take lead responsibility for the ensuring that the academy's safeguarding arrangements are compliant and effective;
- Act as a strategic conduit between the DSL the LGB and Focus Trust on safeguarding matters;
- Ensure that sufficient resources and time are allocated to enable staff to discharge their responsibilities;
- Lead in such a way as to create an environment where all staff and volunteers feel empowered to raise concerns about poor or unsafe practice and will address any concerns sensitively, effectively and in a timely manner.

\(^3\) GDPR Toolkit for Schools
\(^4\) While the new regulations supersede the Data Protection Act 1998 they are essentially consistent with its principles.

Safeguarding Info Sharing Advice July 2018
We recognise that the Designated Safeguarding Lead (DSL) (and their Deputies (DDSLs)) are most likely to have a complete safeguarding picture in school. Wherever possible, staff will always speak to the DSL (or DDSL in their absence) if they have a concern about a child’s welfare, however ‘minor’ this might seem. This will happen as soon as possible and always that same [school] day. During term time, the designated safeguarding lead and/or a deputy will always be available (during school hours) for staff in the academy to discuss any safeguarding concerns.

See Part Three for more detailed guidance about what to do if you are worried about a child.

If, in exceptional circumstances, the DSL or DDSLs are not available, this will not delay appropriate action being taken and concerns will be shared with another senior leader in school before the children leave for home.

The Designated Safeguarding Lead (DSL) is the Head Teacher with lead responsibility for safeguarding and child protection; we also have four Deputy DSLs (DDSLs) who have been trained to the same, appropriate level in-line with Kirklees Safeguarding Board.

NAME OF DESIGNATED SAFEGUARDING LEAD – Mr Michael Rowland
NAMES OF DEPUTY DSLs;
Mrs Leisa Farrar (Deputy Headteacher)
Mrs Amanda Spencer (Assistant Headteacher & SENCO)
Miss Jen Rylance (Assistant Headteacher)
Mrs Gemma Padgett (Early Years Leader)

DSL training
Training, provided by Focus Trust, will be refreshed at intervals of not more than two years and supplemented by regular updates, at least annually. Further training is also accessed regularly through Kirklees Safeguarding.

Objectives of DSL Training
Our DSL and Deputy DSLs:
• Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children’s social care referral arrangements (in-line with WT 2018, Ch. 1);
• Possess a working knowledge of child protection case conferences and are able to attend and contribute to these effectively;
• Ensure each member of staff has access to, and understands, the school ’s safeguarding and child protection policy and procedures, especially new and part time staff;
• Are alert to the specific needs of children in need, those with special educational needs and young carers;
• Will keep detailed, accurate, secure written records of concerns and referrals;
• Can encourage a culture of listening to children and taking account of their wishes and feelings, among all staff
• Are trained and to understand and support the school with regards to the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
• Understand the unique risks associated with online safety and have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school. They also recognise the additional risks that children with SEN and disabilities (SEND) face online;
• Know how to access resources and will attend relevant / refresher training courses.
DSL / DDSL ROLE AND RESPONSIBILITIES

DSL and DDSL responsibilities are explicit in the role-holders' job descriptions and consistent with Keeping Children Safe in Education, Part Two and Annex B:

Managing referrals
- Refer cases of suspected abuse to the local authority children’s social care as required;
- Support staff who make referrals to local authority children’s social care;
- Refer cases to the Channel programme where there is a radicalisation concern as required;
- Support staff who make referrals to the Channel programme;
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
- Refer cases where a crime may have been committed to the Police as required.

Working with others
- Liaise with the principal to inform him or her of issues, especially ongoing s47 enquiries and police investigations;
- Liaise with the “case manager” and the designated officer(s) at the local authority in cases which concern a staff member;
- Liaise with staff (especially pastoral support staff, school nurses, IT Technicians, and SENCOs on matters of safety and safeguarding (including online and digital safety);
- Act as a source of support, advice and expertise for all staff.

Raising awareness
- Ensure that this and related policies are known, understood and used appropriately;
- Work alongside the LTGB to ensure that this and related policies are reviewed annually (as a minimum) and that the procedures and implementation are updated and reviewed regularly;
- Ensure that this policy is available publicly and that parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the academy in this;
- Link with the local safeguarding partners / LSCB to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Maintaining Appropriate Records and Sharing Information
- Maintain fit for purpose safeguarding records centrally and securely and in-line with legislation and guidance5
- All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded on CPOMs. Where any doubt remains around recording, staff will discuss this with the Designated Safeguarding Lead (or deputy) as soon as possible and always that same day.
- Where children leave the academy, ensure their child protection file is transferred to the new school as soon as possible. (This will be transferred separately from the main pupil file, ensuring secure transit; confirmation of receipt will be obtained).
- Consider if it would be appropriate to share any information with the new school in advance of a child leaving. (For example, information that would allow them to have appropriate support in place when the child arrives).

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5 Records Retention and Storage NSPCC June 2018
PART TWO
SAFER SCHOOLS & THE BROADER SAFEGUARDING AGENDA

Safer Recruitment and Selection
In line with Keeping Children Safe in Education (2018), we do everything possible to prevent people who pose a risk of harm from working with children in our school. We follow safer recruitment guidelines and procedures in line with the Trust’s recruitment handbook.

We do this by:

- Training those involved in the recruitment and selection of staff to work in our academy to do so safely;
- Ensuring that our policies are clear about the expectations we place on staff, including where relationships and associations both within and outside of the workplace (including online) may have implications for the safeguarding of children in school. We take opportunities, e.g. through training, induction, performance management and staff meetings, to embed a culture whereby adults feel supported and comfortable having appropriate conversations to this end;
- Ensuring that our site is as secure as possible - so that we know that children are where they should be and that adults are safe and are not where they shouldn’t be;
- Checking the identity of visitors to school and implementing robust sign-in and supervision arrangements – including for supply and agency staff;
- Adhering to our legal responsibilities and best practice in respect of vetting trustees, governors, staff and volunteers. This includes assessing risk and putting appropriate and proportionate plans and supervision in place, in-line with KCSiE 2018, Part 3 and Annex F. Details of risk assessments in respect of volunteers will be recorded;
- Maintaining a record of checks conducted on our Single Central Record and ensuring that this is up-to-date, fit for purpose and easily available to inspectors – in line with Keeping Children Safe in Education (KCSiE) 2018, Part Three;
- Adopting a robust approach to commissioning, the use of contractors, third-party / agency / supply staff and organisations who wish to use our facilities and maintaining records centrally to this effect.
- Complying with legislation, regulations and guidance. This includes, where the harm test is satisfied, referring to the Teacher Regulation Agency and DBS (also applicable to volunteers).

Safeguarding Training
All staff are aware of systems within our academy which support safeguarding. We adopt a whole-school approach to safeguarding training to ensure that everyone is clear about roles, responsibilities and processes in school and beyond. Formal training is delivered annually. New employees/volunteers also complete the KSCB E-Learning course ‘Awareness of Child Abuse and Neglect’. All staff receive regular safeguarding updates through staff meetings.

Minimally, safeguarding training always addresses the requirements of Part One of Keeping Children Safe in Education 2018 and this policy.

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6 NSPCC Towards Safer Organisations Report Independent Inquiry Reports 2018
7 This includes complying with EYFS and DBA / Child Care Act 2006 requirements (EYFS 2017, Disqualification Child Care Act from 31 August 2018), alongside the duty to check in-line with s.128 of the Education and Skills Act 2008 - barring individuals from taking part in the management of an independent school http://www.legislation.gov.uk/uksi/2014/3283/contents/made
8 TRA guidance 2018
We also ensure that everyone understands early help processes, the procedure for making a referral to Children's Services, and what happens following a referral (including any role they might be expected to play in assessments and related processes).

Governors also ensure that online safety training for staff is integrated, aligned and considered as part of the academy's overarching safeguarding approach.

Some staff access more advanced safeguarding and/or additional training, commensurate with their role and responsibility and in-line with statutory guidance and Kirklees Safeguarding recommendations e.g. Designated Safeguarding Leads, those involved in the recruitment and selection of staff. This training may be linked to SEN, looked after children, Mental Health, Paediatric first aid etc.

We retain a statement on the ‘EVERY’ system which is signed by staff which makes clear that they have received, read, understand and will work to this Safeguarding and Child Protection Policy and KCSIE 2018, Part One. In addition, we maintain a record of any safeguarding training and updates delivered to staff. All long-term volunteers read and sign the Safeguarding policy. Supply teachers are notified of the procedure for logging concerns on CPOMS and are provided with a log in. All visitors to school are made aware of the DSLs.

**Induction**

Safeguarding is integral to induction and the following information is made available and explained as part of the induction process.

- Part 1 Keeping Children Safe in Education 2018;
- the child protection policy;
- the behaviour policy;
- the staff code of conduct;
- the safeguarding response to children who go missing from education;
- the identities and roles of Designated Safeguarding Leads (DSLs) and Deputy Designated Safeguarding Leads (DDSLs).

We adopt a proportionate, risk-based approach to the level of information that is provided to temporary staff and volunteers. This means that, as a minimum, everyone is provided with key information regarding the Designated Safeguarding Leads in school and how and where to record and report any safeguarding issues or welfare concerns, however minor these might seem at face value.

**Conduct, Behaviour and Safer Working Practice**

Everyone at our academy is clear about expected codes of conduct and we set the highest possible standards in this respect, both in and outside school. All staff and volunteers must uphold public trust in our academy and, where applicable, the teaching profession. We encourage others to do the same and will challenge and respond appropriately and immediately where this is not the case.

The principles which underpin our practice derive from the Safer Recruitment Consortium’s (October 2015) national ‘Guidance for Safer Working Practice for those working with Young People in Education Settings’. Safer Working Practice Guidance Oct 2015. These are reflected in Focus Trust’s Code of Conduct which is provided to all staff and volunteers during induction and again at the beginning of each school year. Everyone must read and adhere to this.
Physical Contact
We are clear that a 'no contact' policy in school is unworkable as it would mean that we would be unable to fully support pupils. Therefore, staff must exercise their professional judgement and everyone will adopt and implement a sensible, proportionate approach oriented around the following principles:

- Physical contact will occur where it is needed to meet the needs of a child or children;
- We will encourage children to do things for themselves wherever possible;
- We will behave professionally, consistently and transparently at all times.

Reasonable Force  Guidance for Schools on the Use of Reasonable Force
The term ‘reasonable force’ covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom.

The decision on whether or not to use reasonable force to control or restrain a child is down to the professional judgement of the staff concerned and should always depend on individual circumstances.

There are circumstances when it is appropriate for staff in schools to use reasonable force to safeguard children and young people. As a broad rule of thumb, the use of reasonable force should always be:

- A last resort i.e. staff should use appropriate de-escalation strategies before resorting to it;
- Any force used must be the minimum necessary;
- It should be used for the shortest time possible;
- The staff members response should be proportionate (to any risk involved);
- Any and all incidents must be recorded and reported in line with the academy’s behaviour policy.

Allegations Against Staff and Volunteers
Principles
It is essential that any allegation of abuse made against a teacher, member of staff or volunteer is dealt with quickly, in a fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation.

Focus Trust has a duty of care to its employees and will ensure that effective support is provided for anyone facing an allegation. Suspension is not an automatic response to an allegation and Focus Trust will respond proportionately to them in order to manage risk and provide appropriate support.

What Constitutes an Allegation
KCSiE 2018 makes clear that an allegation is made where:
"A teacher or member of staff (including volunteers) in a school or college that provides education for children under 18 years of age has:
- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children."
Reporting an Allegation
If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers) posing a risk of harm to children, then this should be referred to the Principal. Where there are concerns/allegations about the Principal, this should be reported to the chair of governors and the CEO of Focus Trust: Helen Rowland: 01457 821 813

What Happens Next
Allegations will be discussed immediately with the local authority designated officer in order that the nature and context of the allegations can be considered and a next course agreed upon. Advice can be sought from Working with Schools / HR (0161 707 1520)

LADO (Kirklees Safeguarding Board) – Ann Crossley 01484 221000/07976 497654
LADO email address kirklees.LADO@kirklees.gcsx.gov.uk
LADO AnyComms address - “child protection” in drop down menu

The person to whom an allegation has been reported becomes the case manager and will ensure compliance with the Focus Trust Management of Allegations Policy, KCSIE (2018, Part four) and locally agreed procedures. If the case manager is concerned about the welfare of other children in the community or a teacher’s family, for example, those concerns should be reported to the designated officer, social care or the police.

Concerns about Safeguarding Practice & Whistle blowing
Anyone should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college’s safeguarding regime and know that such concerns will be taken seriously by the senior leadership team.

Appropriate whistle-blowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place in and across all Focus Trust academies. These provide clear direction and enable any concerns to be raised appropriately (see policy for further information).

Where someone feels unable to raise an issue with their employer or the Trust, or feels that their genuine concerns are not being addressed, other channels are open to them:

Local Authority Designated Officer (see above)
Public Concern at Work (National charity offering free whistle-blowing help and advice):
helpline@pcaw.co.uk
Tel: 020 7404 6609

Ofsted
whistleblowing@ofsted.gov.uk
Tel: 0300 123 3155

NSPCC Whistle-blowing Helpline
Tel: 0800 028 0285

The flowchart over the page provides a step-by-step guide to the management of allegations and this clarifies important issues such as consultation, information sharing, confidentiality, support, feedback, recording and notifications.
For further and more detailed guidance please refer to the Focus Trust 'Management of Allegations Against Staff and Volunteers' policy and Keeping Children Safe in Education 2018 Part Four and Annex F.
THE PREVENT DUTY / RADICALISATION AND EXTREMISM

Defining Extremism
Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity. Extremism goes beyond terrorism and is defined in the Government’s Counter Extremism Strategy as "vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of armed forces as extremism".

A Legal Duty
The Counter Terrorism and Security Act 2015 places a duty on a number of organisations, including schools, to prevent all radicalisation and extremism. The purpose is to protect children from harm and to ensure that they are taught in a way that is consistent with the law and British values.

A Whole School Approach
Preventing radicalisation and extremism is an integral part of safeguarding in school. For example, we will be mindful of its potential significance in respect of recruitment and selection, online safety, the use of external providers and speakers, the curriculum and our duty to promote and support children’s spiritual, moral, social and cultural development and British values.

In order to comply with the Prevent Duty we adopt a tiered approach:

- **Generally**
  - Developing a risk assessment and action plan to reduce and manage risk. This reflects our local context, has been signed-off and is reviewed by governors;
  - by ensuring that all staff in school are trained and that they understand the risks affecting children and young people;
  - having appropriate systems in place for filtering, monitoring, reporting and responding to inappropriate online searches (including in languages other than English);
  - by building resilience, e.g. through the curriculum, teaching and learning.

- Providing a safe environment in which children and young people can discuss and learn about British Values, respect, citizenship etc.

- **Specifically**
  - ensuring that DSLs have attended specific [WRAP] training in-line with statutory guidance. This ensures that they are able to provide advice and support to other staff;
  - having strategies and systems in place which enable us to manage access to extremist material i.e. by ensuring appropriate and proportionate online filtering and monitoring occurs in school, and by having clear processes in place for monitoring behaviour, including online, so that we are able to identify individuals who may be at risk;
  - conducting relevant checks in order to prohibit extremist speakers and events in school.

- **Procedurally**
  - having clear procedures in place which enable us to protect and support those identified as being at risk, i.e. working in partnership with local authorities, the police and others in the community, including parents.

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9  [Home Office e-learning Prevent training](#)
10  [SMSC guidance educateagainsthate.com](#)
11  [Radicalisation and Extremism guide for parents](#)
**Vulnerability & Potential Indicators**  
Extremists often target the vulnerable – including the young – by seeking to sow divisions between communities on the basis of race, faith or denomination; justifying discrimination towards women and girls; seeking to persuade others that minorities are inferior; or arguing against the primacy of democracy and the rule of law in our society. There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. *(As a broad rule of thumb, children who are more vulnerable in the real world are also more vulnerable online!)*

The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. As with any other concern, the risk of harm is raised when young people are vulnerable and is often noticed when children change their behaviour, clothing or attitudes.

Younger children may repeat the language and comments of adults while older siblings and adults may also show signs. Early indicators which everyone should be aware of include:

- Showing sympathy for extremist causes;
- Glorifying violence, especially to other faiths or cultures;
- Making remarks or comments about being at extremist events or rallies outside academy;
- Evidence of possessing illegal or extremist literature;
- Advocating messages similar to illegal organisations or other extremist groups;
- Out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent);
- Secretive behaviour;
- Online searches or sharing extremist messages or social profiles;
- Intolerance of difference, including faith, culture, gender, race or sexuality;
- Graffiti, art work or writing that displays extremist themes;
- Attempts to impose extremist views or practices on others;
- Verbalising anti-Western or anti-British views;
- Advocating violence towards others.

**Acting on Concerns**  
Any concerns about radicalisation or extremism of any kind should be treated as a safeguarding issue, in-line with this policy i.e. in the first instance a discussion should take place with the DSL, who will make a decision about speaking to parents / carers, the need to seek external advice and, where necessary make ongoing referrals to Channel\(^\text{12}\), children's social care and / or police in-line with locally agreed procedures and protocols.

Staff will use their judgement in identifying children who might be at risk of radicalisation and respond proportionately; this may include making a referral to the Channel programme (with consent). If school makes a referral to Channel, the DSL may be asked to attend a Channel panel to discuss the individual referred to determine whether and what ongoing support is required.

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\(^{12}\) Channel Guidance  Channel General Awareness
Our single point of contact (SPOC) for Prevent in school: Lee Hamilton 07528 988798
External, Prevent-related advice can be sought from:
Referrals and advice:
Prevent Hub 01924 483747
Kirklees Prevent Engagement Manager Mark Gilchrist 01924 483747
Anycomms – Prevent Referral Prevent@kiklees.gcsx.gov.uk

If you are concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism you can also seek advice and support via:
Email: counter.extremism@education.gov.uk
Helpline: 020 7340 7264 (Open Monday to Friday from 9am to 6pm (excluding bank holidays))

Further Information & Resources
Prevent duty guidance
Prevent duty advice for schools
http://www.tscb.co.uk/docs/schools-prevent-self-assessment-toolkit-section-2.docx
Educate Against Hate Website
https://www.educare.co.uk/courses/prevent-duty-early-years/
https://www.pacey.org.uk/working-in-childcare/spotlight-on/british-values/
ONLINE SAFEGUARDING

Online safeguarding is recognised as an essential aspect of strategic leadership and the Principal, with the support of governors\(^\text{13}\), aims to embed safe practices into the culture of the academy. In order to ensure that our approach is proportionate, the LGB consider the age range of pupils, the number of pupils, how often they access the IT system and the proportionality of costs vs risks.

For example:

- We have put in place appropriate systems and software for filtering, monitoring reporting and responding to inappropriate content / activity\(^\text{14}\);
- Staff are reminded and updated about on-line safety matters at least once a year;
- We include online safety in the curriculum and ensure that every pupil has been educated about safe and responsible use;
- We consult and work with children, parents and carers to raise awareness, identify any issues, trends or patterns, and to ensure that preventative and protective strategies are tailored and more effective\(^\text{15}\);
- We ask that parents sign and return our online safety/AUP form;
- We work hard to ensure that children, and parents, know how to minimise and manage online risks and that they know how to report any worries or concerns with adults / staff in school. This includes signposting them to appropriate sources of advice and support outside school\(^\text{16}\);
- DSLs understand the unique risks associated with online safety and have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school. They also recognise the additional risks that children with SEN and disabilities (SEND) face online:
  - https://www.autism.org.uk/staying-safe-online

Creating a safe ICT learning environment includes three main elements:

- An effective range of technological tools, including software and filtering;
- Policies and procedures, which make roles and responsibilities clear;
- A comprehensive on-line safety education programme for pupils, staff and parents.

We also work hard to foster a ‘no blame’ culture so pupils feel able to report any bullying, abuse or inappropriate materials. Jenna Cave is responsible for online safeguarding within her role as Computing lead. All Governors are involved in reviewing and approving the computing policy. Jenna regularly reports to Governors about developments around online safety and changes school have made to respond to the ever changing need to keep our children safe online.

All teachers and support staff are responsible for promoting and supporting safe behaviour in classrooms / around school and must adhere to acceptable use policies and online safety policies and procedures.

\(^{13}\) https://www.saferinternet.org.uk/advice-centre/governors-and-trustees
\(^{14}\) UK Safer Internet Centre: appropriate filtering and monitoring
\(^{15}\) https://www.childrenscommissioner.gov.uk/publication/life-in-likes/
  Disrupted childhood - the cost of persuasive design 2018
\(^{16}\) www.thinkuknow.co.uk www.saferinternet.org.uk https://www.childnet.com/resources
All staff are familiar with the Trust’s IT and Online Safety Policy which includes guidance on:\n\begin{itemize}
\item Safe use of e-mail;
\item Safe use of Internet including use of internet-based communication; services, such as instant messaging and social network;
\item Safe use of school network, equipment and data;
\item Safe use of digital images and digital technologies, such as mobile phones and digital cameras;
\item Publication of pupil information/photographs and use of website;
\item Online Bullying; and
\item Their role in providing online safety education for pupils.
\end{itemize}

**Mobile Phones**\n
**Children’s use of mobile phones**
- Children are not allowed to bring mobile phones into school. If they need a mobile phone for after school, then their phone must be handed in to the School Office and collected at the end of the day. The School will not be held responsible for any mobile phones that are not handed in to the School Office.

**Parent’s use of mobile phones**
- The School accepts that mobile phones are used widely by parents and carers but will consider any of the following to be unacceptable behaviour and a serious breach of the school’s behaviour policy resulting in sanctions being taken:
  \begin{itemize}
  \item Photographing or filming staff or other pupils without their knowledge or permission
  \item Photographing or filming in toilets, swimming pools and changing rooms and similar areas
  \item Bullying, harassing or intimidating staff or pupils by the use of text, email or multimedia messaging, sending inappropriate messages or posts to social networking or blogging sites
  \item Refusing to switch a phone off or handing over the phone at the request of a member of staff
  \item Using the mobile phone outside school hours to intimidate or upset staff and pupils will be considered a breach of these guidelines in the same way as unacceptable behaviour which takes place in school time
  \end{itemize}

**Staff Use of Mobile Phones**
- During lesson time we expect all mobile phones belonging to staff to be switched off unless there is a specific agreement for this not to be the case.
- Where required for safety reasons in off-site activities, a school mobile phone is provided for staff for contact with pupils, parents or the school. Staff will never use personal mobile phones in any situation where their mobile phone number or other personal details may be revealed to a pupil or parent. (In an emergency, where a staff member doesn’t have access to a school-owned device, they should use their own device and hide (by inputting 141) their own mobile number for confidentiality purposes.)
- Unauthorized or secret use of a mobile phone or other electronic device, to record voice, pictures or video is forbidden. Publishing of such material on a web site which causes distress to the person(s) concerned will be considered a breach of school discipline, whether intentional or unintentional. The person responsible for the material will be

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17 For more detailed guidance please refer to Focus-Trust IT and Online Safety Policy
18 Ensure compliance with the schools ‘Online Safety’ and ‘Staff Code of Conduct’ Policies
expected to remove this immediately upon request. If the victim is another pupil or staff member we do not consider it a defense that the activity took place outside school hours.

- The sending or forwarding of text messages, emails or other online communication deliberately targeting a person with the intention of causing them distress, ‘cyberbullying’, will be considered a disciplinary matter.
- We make it clear to staff, pupils and parents that the Headteacher has the right to examine content on a mobile phone or other personal device to establish if a breach of discipline has occurred.

Additional guidance for staff is included in the Kirklees Electronic Communications Guidance for Staff and the Kirklees Mobile phone policy for Primary and Secondary pupils and this is included as part of the school’s eSafety Policy.

The use of technology, including the internet, offers many opportunities for children, both socially and for their learning; however, it may also pose risks:

Content: being exposed to illegal, inappropriate or harmful material
Contact: being subjected to harmful online interaction with other users
Conduct: personal online behaviour that increases the likelihood of, or causes, harm.

**Online or Cyberbullying**

We adopt a zero-tolerance approach to all forms of bullying behaviour and expect pupils and parents to do the same. Everyone will minimise the potential for and be aware of the impact of so-called cyberbullying, which might include:

- Sending threatening or disturbing text messages;
- Homophobia, racism or sexism;
- Making silent, hoax or abusive calls;
- Creating and sharing embarrassing images or videos;
- ‘Trolling’ - sending menacing or upsetting messages on social networks, chat rooms or via online games;
- Excluding children from online games, activities or friendship groups;
- Setting up hate sites or groups about a particular child;
- Encouraging young people to self-harm;
- Voting for someone in an abusive poll;
- Hijacking or stealing online identities to embarrass a young person or cause trouble using their name;
- Sexting or youth produced sexual imagery (see over).

**Sexting / Youth Produced Sexual Imagery**

Sexting is one IT-related issue that has risen to prominence in recent years. Part of the National Crime Agency, the Child Exploitation and Online Protection Centre has produced some useful and detailed guidance for schools and settings Sexting Guidance Jan 2017

**Definition**

19 http://www.bullying.co.uk/general-advice/what-is-sexual-bullying/
Preventing bullying including cyberbullying
https://www.theproudtrust.org/
Stonewall Toolkit - Primary Schools  http://www.antibullying.net/homophobicinfo3.htm
Images or videos generated by children under the age of 18, or of children under the age of 18 that are of a sexual nature or are indecent.

In April 2017, the Serious Crime Act 2015 made it unlawful for an over 18 to intentionally communicate with a child under 16 for a sexual purpose. This includes talking sexually to a child in a chat room as well as sending sexual messages.

In law, sending or possessing an indecent image (inc video) of a child under 18 is unlawful. If a child (aged ten or over) does this they are [technically] committing an offence. In January 2016, the Home Office launched outcome 21 which states that “Further investigation, resulting from the crime report, which could provide evidence sufficient to support formal action being taken against the suspect is not in the public interest – police decision.”

This outcome code allows the police to record a crime as having happened but for no formal criminal justice action to be taken as it is not considered to be in the public interest to do so. Therefore, this helps to avoid the disproportionate criminalisation of children and young people.

There may be a multitude of reasons why a pupil has engaged in sexting; it may be a romantic/sexual exploration scenario or due to grooming/coercion. What action is to be taken will depend on a number of factors and each case must be assessed on its merits by the DSL in school in the first instance. Regardless of what action is taken, incidents and the rationale for any action must always be recorded centrally. It may also be necessary to assist a young person and/or parents in reporting and/or removing the image from a website or elsewhere.

Guidance on Searching Devices Searching, Screening & Confiscation Guidance 2018

The Education Act 2011 gives schools and/or teachers the power to seize and search an electronic device if they think there is good reason to do so i.e. if there is reason to believe it contains indecent images or extreme pornography. However, staff should exercise caution and bear the following in mind before searching a device:

- The action must be in accordance with the school’s child protection/safeguarding and related policies and procedures e.g. ICT/online safety, anti-bullying, behaviour;
- Any search should only be conducted following authorisation by the Principal;
- Any search must be conducted sensitively i.e. by a member of staff who is the same sex as the pupil wherever possible.

It is important to establish the location of the image and it is highly likely to have been created and potentially shared through mobile devices i.e. it may be that the image is not on one single device: it may be on a website or on a multitude of devices; it may be on either a school-owned or personal device. In any event, pupils may well be distressed and staff should be mindful of this and offer any necessary support.

Responding to Sexting

Staff should be mindful that pupils are likely to be distressed and will need support, especially if the image has been circulated widely and if they don’t know who has shared it/seen it etc.:

Key questions to consider at the outset are:

- Is the pupil disclosing about themselves receiving an image, sending an image or sharing an image?
- What sort of image is it? Is it potentially illegal or is it inappropriate?
- Are the school child protection and safeguarding policies and practices being followed? For example, is a member of the child protection team on hand and is their advice and support available?
• How widely has the image been shared and is the device in their possession?  
• Is it a school device or a personal device?  
• Does the student need immediate support and or protection?  
• Are there other students and or young people involved?  
• Do they know where the image is? This situation will need to be handled very sensitively.

These matters **must always** be reported to the DSL in school without delay, in-line with this policy and safeguarding procedures and the process for dealing with an issue or incident is as follows:

• Decide who is best placed to respond sensitively (if there is a choice);  
• Ensure the immediate safety and wellbeing of pupil(s);  
• Secure device (if appropriate);  
• Discuss with DSL / Principal - who will make an appropriate record;  
• Assess risk and / or seek appropriate external advice e.g. safeguarding / child protection / police / CEOP;  
• DSL makes appropriate referral;  
• Safeguards, risk management and support strategies implemented then updated and reviewed;  
• Any systemic and/or strategic lessons acted upon.

Under most circumstances it will be the DSL who makes this decision and who takes action. For example, if there is an indecent image of a child on a website or a social networking site, this should be reported directly to the site hosting it, in-line with that site’s reporting procedure.  
[www.ceop.police.uk/ceop-report](http://www.ceop.police.uk/ceop-report)

**Technology Assisted Child Sexual Abuse (TA-CSA)**

Research tells us that it is very difficult to estimate prevalence of online grooming in the UK because official estimates have only recently included online offences. (There is also only very limited research around sexual offences mediated through ICT and even less is known about any relationship between online and contact abuse/offences). What we do know is that online grooming behaviour is varied, cyclical and occurs in a non-linear way.

We also know that victims commonly experience a number of things, including:

- Manipulation;
- Deception;
- Regular / intense contact;
- Secrecy;
- Sexualisation;
- Kindness and flattery;
- Erratic behaviour / nastiness;
- Simultaneous grooming of those close to the victim.

Recent serious case reviews have highlighted the ways in which technology can be used to groom and perpetuate abuse. They have also highlighted key lessons for agencies and professionals about dealing effectively with it:

• It can be more difficult to recognise abuse;  
• Speed of occurrence;  
• Technology can be used to initiate, escalate and maintain the abuse;  
• The outcome can be significant in terms of image control, permanence and the scope for
re-victimisation;

- The dangers inherent in perceptions of victims having played an ‘active’ role in the abuse, which may be compounded by misconceptions or fears about criminal justice responses and implications;
- The inherent danger that professionals and services can view it as less serious (than contact offences / abuse).

For clarity then:
- TA-CSA (Technology assisted child sexual abuse) abuse has the same degree of impact as offline sexual abuse;
- Technology provides additional routes both to access young people to abuse and to manipulate and silence them;
- With TA-CSA there are additional elements for young people to contend with, related to control, permanence, blackmail, re-victimisation and self-blame;
- It is really important to avoid victim-blaming.

Appropriate and timely external advice can and should always be sought and child protection procedures must be adhered to.

**Online Safety Helpline for Professionals**
Email: helpline@saferinternet.org.uk  Tel: **0344 381 4772**, Mon – Fri, 10am – 4pm
ATTENDANCE & CHILDREN MISSING EDUCATION (CME)

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. We set great store by good attendance at school, adhere to and comply with legislation and statutory guidance.

*Attendance Guidance 2016*

The LGB monitors attendance and absence carefully and is mindful of the vulnerability of children missing education. We need to know where children are in order to keep them safe and follow-up non-attendance in a timely and robust way, especially where this is repeated.

Where reasonably possible, we will hold more than one emergency contact number for each pupil as this gives us additional options to make contact with a responsible adult when a child does not attend school, is missing education and / or where there is a welfare and/or safeguarding concern.

We work in partnership with parents to ensure children attend regularly and will set up attendance plans to help improve matters when this is too low. This is addressed by first day absence phone calls, followed up by a home visit when we are unable to establish contact. We work in close partnership with the local high school in tackling poor attendance to ensure we have a more joined up strategy to support families across key stages. We also offer a breakfast club to help assist with morning issues that may affect punctuality and attendance.

*Please refer to the school’s ‘Unknown Absence Procedure’ for more information.*

*Please refer to the school’s Attendance policy for more information on term time holidays.*

Children have to stay on the register of our school until we have been notified that they are now attending another school/academy. The new school/ academy must contact us to request the child’s Unique Reference Number so that a transfer of records can take place. It is not sufficient for parents to tell us where the child has moved to. If we are not able to confirm that the child is now attending a new academy, we will pass the information to the local authority’s ‘Children Missing Education’ team who will make further enquiries.

*The Local Authority link for Children Missing Education is:*

Maggie Featherstone 01484 221000


In line with statutory guidance, we will always inform the local authority of any pupil who fails to attend school regularly, or has been absent without the academy's permission for a continuous period of 10 school days or more.

Staff follow Focus Trust’s procedures for unauthorised absences and for dealing with children who are missing education; these are made clear as part of induction and training.

Local authorities have a duty to establish, as far as is possible, the identity of children of compulsory school age who are missing education in their area. Where necessary, we will liaise with other agencies to ensure that children are safe and that they attend regularly.

*CME statutory guidance for LAs 2016*
Where a pupil is with an alternative provision provider, we retain responsibility for the safeguarding of that pupil, and will always satisfy ourselves that the provider meets the needs of the pupil. To this end, we will obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the academy would otherwise perform in respect of our own staff.
PART THREE
WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD

National guidance on what to do if you're worried a child is being abused 2015

It is always safer to discuss any welfare, safeguarding or child protection matter with the DSL or DDSL in school, regardless of how minor it may appear at face value. You are not bothering anyone, wasting their time or being a nuisance; you are safeguarding children! If you have any concerns about a child’s welfare or safety you should act immediately and discuss them with the DSL or deputy DSL.

Options to consider at this stage will be as follows:
- Ongoing monitoring and managing any support for the child internally, via the academy’s own pastoral support processes;
- An early help assessment; or
- A referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.

Any and all of the following concerns MUST ALWAYS be reported to the DSL without delay (this list is not exhaustive):
- Any suspicion that a child is injured, marked, or bruised in a way that is not readily attributable to the normal bumps and knocks associated with play / growing up; and / or,
- Where the child is able to articulate and the explanation is inconsistent or changes;
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. significant changes in behaviour, worrying drawings or play);
- Any concerns that a child may be receiving inadequate care, suffering or likely to suffer any form of abuse or neglect;
- Any significant changes in a child’s presentation, including non-attendance
- Any hint or disclosure of abuse or neglect by a child or from any other person - including disclosures of abuse or neglect perpetrated by adults outside of the family or by other children or young people;
- Any concerns regarding person(s) who may pose a risk to children (e.g. staff in school or person living in a household with children present) including inappropriate behaviour e.g. inappropriate sexual comments;
- Excessive one-to-one attention beyond the requirements of a staff member / professional or volunteer’s usual role and responsibilities;
- Inappropriate behaviour online inc. the sharing of images.

Early Help

No single professional can have a full picture of a child’s needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Schools are in a position to identify concerns early, provide help for children, and prevent concerns from escalating. Our pastoral system enables us to identify children who may benefit from early help - this means providing support as soon as a problem emerges. The team works closely with members of the SLT and any ‘niggles’ such as a change in behaviour or attitude is discussed and recorded on CPOMS to ensure everyone is aware. Attendance and behaviour are recorded and closely observed for any patterns or concerns so these can be responded to promptly.
Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if a child’s behaviour is becoming problematic due to lack of appropriate guidance and boundaries at home. Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Thornhill Junior and Infant School is committed to early help and the identification of unmet needs and vulnerabilities of its pupils and works in partnership with other agencies to promote the welfare of the pupils and to keep them safe. All staff are aware of the early help process and understand their role in identifying emerging problems, sharing information with other agencies and for some staff acting as the lead professional in undertaking early help assessments.

Thornhill Junior and Infant School adheres to Kirklees Early Help Framework (please see page 33) and will implement the early help process to support the wellbeing of children and families by tackling emerging needs at the earliest opportunity. This involves working with children and their families to engage and include them as equal partners and to support them in accessing additional services.

In the first instance, staff will discuss early help requirements with the Designated Safeguarding Lead (DSL) or their Deputy (DDSL), who will advise where staff are required to support other agencies and professionals in an early help assessment.

Any child may benefit from early help, but staff are particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is frequently missing/goes missing from care or home;
- is misusing drugs or alcohol;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse; and/or
- has returned home to their family from care.

**Reporting a Concern in School**

We recognise that those who are new to school, who are there in an unpaid capacity or on a temporary basis, can sometimes pick-up on things. Everyone has a responsibility to report concerns and everyone will be listened to and heard if they do so, whatever their role and however trivial or insignificant the concern might seem at face value. Anyone who has a 'niggle' or concern about the need for early help for a child / family should liaise with the DSL.

The designated safeguarding lead or a deputy will always be available to discuss safeguarding concerns during school hours. However, in exceptional circumstances, if the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being
taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local children’s social care. [https://www.gov.uk/report-child-abuse-to-local-council](https://www.gov.uk/report-child-abuse-to-local-council)

In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

### Confidentiality

Everyone in school must be aware of the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and, where necessary, Children’s Services.

Where a member of staff is asked for sensitive information and any uncertainty remains about whether to share it they should:

- Ask for a means of verifying the identity of the person making the request;
- Explain that the information is sensitive and that you need to seek advice (from the DSL, Principal or Focus Trust);
- Ensure that there is a timely and appropriate response from a member of SLT.

### Recording

We recognise that accurate and up-to-date record keeping is essential for a number of reasons:

- It helps the school identify causes for concern at an early stage. (Often it is only when a number of seemingly minor issues are taken as a whole that a safeguarding or child protection concern becomes clear);
- It helps the school to monitor and manage its safeguarding practices
- It helps to evidence robust and effective safeguarding practice in inspections and audits.
- Accurate and specific records are important where there are child protection and safeguarding concerns e.g. a chronology of information gathered and action taken.

The DSL is responsible for the maintenance of fit for purpose safeguarding records; these will be kept centrally and securely via CPOMS and in-line with legislation and guidance21.

When a pupil leaves our academy, the DSL will ensure their child protection file is transferred to the new school as soon as possible. (This will be transferred separately from the main pupil file, ensuring secure transit; confirmation of receipt will be obtained). The DSL will also consider if it would be appropriate to share any information with the new school in advance of a child leaving. (For example, information that would allow them to have appropriate support in place when the child arrives).

### Record Keeping Guidance for Designated Safeguarding Leads / Deputy DSLs

- All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded on CPOMS;
- When a welfare concern is brought to your attention you should check to ensure that this is sufficiently detailed and, where appropriate, that has been dated and signed by the staff member who has reported the concern;
- Ensure that any supplementary information is attached, signed and dated;
- Hand written notes, e.g. made when a child made a disclosure, body maps etc. - should be scanned into CPOM and reference made to this in the chronology;
- Make a record of the action you take in response to every welfare concern brought to your attention. The level of detail will clearly depend on nature and seriousness.

21 Records Retention and Storage NSPCC June 2018
In addition, DSLs might need to record:

- the rationale for not taking a particular course of action, or for choosing one over another;
- Positives and change(s) in chronologies as these can be really important, especially where cumulative forms of abuse such as neglect and FII are concerned;
- Requests to staff for monitoring specific aspects of the child’s presentation, behaviour, attendance etc.;
- Discussions and telephone calls (with colleagues, parents and children / young people Social Care and other agencies or services);
- Professional consultations;
- Letters sent and received;
- Early Help Assessments and referrals (both for external and education-based services).

**Record Keeping Guidance for All Staff - Recording a Concern**

*See also Appendix 2 re accidents / injuries at home*

**What is a ‘welfare concern’?**

Concerns may arise in one or more of the following areas:

- The child’s behaviour;
- The child has a physical injury;
- Someone makes a disclosure or allegation;
- Someone’s physical, emotional or behavioural presentation;
- Information from someone else who is worried.

**What Should Be Recorded?**

- Date and sign your record if it is handwritten or hard copy. Do not use initials;
- Describe the incident / event / observation clearly and concisely;
- Use straightforward (but sensitive) language;
- Differentiate between a fact and an opinion (and stick to the former where possible);
- Make clear what, if any, action you have already taken.

**Physical Marks and Injuries (inc. the use of body maps)**

Body maps should be used to document and illustrate visible signs of harm and physical injuries:

- Always use a black pen (never a pencil) and do not use correction fluid or any other eraser;
- Do not remove clothing unless the site of the injury site is available because of treatment;
- Record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:
  - Exact site of injury on the body, e.g. upper outer arm/left cheek;
  - Size of injury - in appropriate centimetres or inches;
  - Approximate shape of injury, e.g. round/square or straight line;
  - Colour of injury - if more than one colour, say so;
  - Is the skin broken?
  - Is there any swelling at the site of the injury, or elsewhere?
  - Is there a scab/any blistering/any bleeding?
  - Is the injury clean or is there grit/fluff etc.?
  - Is mobility restricted as a result of the injury?
  - Does the site of the injury feel hot?
  - Does the child feel hot?
  - Does the child feel pain?
  - Has the child’s body shape changed?
  - Are they holding themselves differently?

慎重**DO NOT** try to explain what you think caused the marks;
Do NOT take photographs.

- The date and time of the recording must be stated as well as the name and designation of the person making the record.
- Ensure that appropriate first aid is provided where required and document this.

Any concerns should be reported and recorded without delay to the DSL and any appropriate, onward referral made. The child’s social worker should be informed if the case is already open, children are subjects of CP Plans etc.

Responding to a Disclosure from a Child

It is recognised that a child may seek out an individual teacher/adult to share information specifically about abuse or neglect, or a child may talk spontaneously, individually or in a group when staff or volunteers are present.

In these situations it is important to:

- Listen to the child, and allow them to freely recall significant events, without interruption;
- Keeping questions to an absolute minimum to ensure a clear and accurate understanding of what has been said. If you must clarify something use minimal prompts such as ’what happened next ... go on ... I see ... tell me more about that ...’;
- If you must ask questions ensure that these are 'open', i.e. sentences should not begin with words like 'did, had, can, were ...'
- 'When was the last time this happened?' is sometimes a really important question to ask, especially where timeframes are unclear
- Focus on the facts i.e. who, what, when, where? Don’t get embroiled in ‘how’ or ‘why’?
  😊 DO NOT judge or react negatively. Avoid displays of shock and keep opinions to yourself as this may act as barriers to a child who has something sensitive to tell you.

Recording a Disclosure

- Include timing, setting and who was present;
- Use the child’s own words and language;
- Record any questions you may have asked;
- Record the child’s demeanour as well as what is said;
- Any repetition is important to note i.e. things that the child repeats – these may be particularly significant;
- Gestures are important to describe accurately e.g. which hand / which cheek, open /closed hand / fist etc.
- Explain that they cannot promise to keep confidential anything the child says if the matter is related to child protection or abuse;
- Explain that help may be required to keep them safe, but do not ask the child to repeat their account to anyone else.

The individual who receives the information will be expected to pass it on as a matter of urgency to the Designated Safeguarding Lead - this record is important, evidentially, and everyone must take responsibility for making a suitable record in these circumstances.

Where any doubt remains around record-keeping, staff must discuss this with the Designated Safeguarding Lead (or deputy) as soon as possible and always that same day.
**Consent & Information Sharing**

We manage sensitive information appropriately and ensure that our practice complies with the requirements and principles of the GDPR 2018\(^\text{22}\), local protocols and national guidance\(^\text{23}\).

Children are best protected when professionals work effectively together. Poor or non-existent information sharing is a factor repeatedly identified as an issue in Serious Case Reviews (SCRs) carried out following the death of or serious injury to, a child. In some situations, sharing information can be the difference between life and death. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Every practitioner must take responsibility for sharing the information they hold, and cannot assume that someone else will pass on information.

We will seek consent\(^\text{24}\) and work as openly and honestly with parents and carers wherever possible, and as long as this is in the best interests of the child (ren). This will always be our paramount consideration. Where concerns arise regarding a child’s safety, unconditional confidentiality cannot be guaranteed and will not be offered.

Information about children’s welfare may be shared with others outside the academy to help keep children safe. We always aim to discuss this with parents or carers before we do so, but this may not always be possible. If this is the case, the law allows us to share this information without asking first.

The Data Protection Act 2018 includes ‘safeguarding of children and individuals at risk’ as a condition that allows practitioners to share information without consent:

- Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental or emotional well-being.

**Referrals to Children’s Services**

See also flowchart on page 15

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\(^{22}\) **GDPR Toolkit for Schools**

\(^{23}\) While the new regulations supersede the Data Protection Act 1998 they are essentially consistent with its principles. **Safeguarding Info Sharing Advice July 2018**

\(^{24}\) **CQC guide to capacity and consent Dec 2017**
Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare and undertake assessments of the needs of individual children to determine which services to provide and what action to take. To this end, there are two types of referral that can be made to local authority children’s services.

**Children in Need / section 17 Children Act 1989**

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17.
When assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action. Children in need should be discussed with the DSL in the first instance.

### Child Protection / Significant Harm / section 47 Children Act 1989

Child protection is one part of safeguarding and promoting the welfare of children and refers to the activity that is undertaken to protect children who are suffering, or at risk of suffering significant harm.

**Significant Harm**

The definition of significant harm is not absolute and its interpretation will depend largely on professional judgement, based on the known facts. It can include inappropriate touching, an assault, or a series of compounding events e.g. bullying. Other factors to be considered include...
the age and vulnerability of the child, the degree of force used, the frequency of the harm, the nature of the harm in terms of ill treatment, and the impact on the child’s health and development.

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm - this is sometimes referred to as the 'threshold' for child protection.

Section 47 enquiries enable them to decide whether they should take any action to safeguard and promote the child’s welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, as well as extra-familial threats like radicalisation and sexual exploitation.

**Please refer to page 4 for relevant contact numbers.

**Discussing Concerns or The Intention to Refer with Parents**

Wherever possible, the DSL in school will share concerns and discuss the intention to make a section 47 referral openly and honestly with parents before doing so. However, there are some circumstances under which a decision can and will be taken to share information prior to / without a discussion with parents:

- To avoid undue delay which might compromise a child's safety; and / or where to do so might increase the risk of harm and / or jeopardise or impede an investigation. Examples include concerns about (and this list is not exhaustive):
  - Fabricated or induced illness;
  - Intra-familial sexual abuse;
  - so-called honour-based violence;
  - abusive images of children.

The welfare of the child will always be our paramount consideration.

The person making the referral must maintain a contemporaneous record of discussions (who, role, time) and actions.

The local authority should make a decision, within one working day of a referral being made and should let the referrer know the outcome. The referrer should follow up if this information is not forthcoming.

**FOLLOWING A REFERRAL TO CHILDREN’S SERVICES**

Options include:

- The child requires immediate protection and urgent action is required;
- Whether the child is in need, and should be assessed under section 17;

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25 Working Together to Safeguard Children 2018 pages 38-55 contains lots of helpful information and flowcharts in respect of what happens after a referral, e.g. assessments, strategy discussions / meetings, Child Protection Conferences and Core Groups etc.
• There is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made and the child assessed under section 47;
• Any services are required by the child and family and what type of services;
• Further specialist assessments are required in order to help the local authority to decide what further action to take.

If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required). Where it is believed that a crime has or may have been committed police will be contacted without delay.

**Professional Disagreements, Escalation and Challenge**

If a member of staff is unhappy with the DSL’s response to their raising of a safeguarding concern they should seek further advice from the Deputy DSL or another member of SLT without delay.

If after a referral the child’s situation does not appear to be improving the DSL will press for reconsideration to ensure that concerns have been addressed and, most importantly, that the child’s situation improves. Where a referrer feels that the response to a referral is inappropriate or unsafe they must take action to remedy the situation and record this.

[http://www.kirkleessa.png](http://www.kirkleessa.png)

**Multi-Agency Meetings**

The DSL / DDSL will attend and represent the school at multi-agency safeguarding and child protection meetings such as Child Protection Conferences, Core Groups and Strategy Meetings. The Principal may also attend on occasion. Anyone representing the academy must be clear about their role and responsibilities in order that they are able to make an appropriate, professional contribution. (This includes being clear about associated escalation and professional disagreement protocols). Records will be maintained securely on CPOMS by the DSL.

Where staff are required to attend they will be provided with appropriate support by the DSL.

Reports will be provided in advance of such meetings, in-line with and, where applicable, using locally agreed templates and protocols.

1. If concerns relate to the conduct of or an allegations against a member of staff / adult in school these must be reported immediately to the Principal. If the concerns relate to the Principal then the concerns should be brought to the immediate attention of the Chair of the LGB.

2. Chapter One of [Working Together to Safeguard Children 2018](https://www.kirkleessa.png) provides more detailed information about early help processes.

[https://www.kirkleessa.png](https://www.kirkleessa.png)

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26 [Working Together to Safeguard Children 2018](https://www.kirkleessa.png) pages 38-55 contains lots of helpful information and flowcharts in respect of what happens after a referral, e.g. **assessments, strategy discussions / meetings, Child Protection Conferences and Core Groups** etc.
3. Chapter One of Working Together to Safeguard Children 2018 provides more detailed information about referral processes.

4. Assessment under s17 of the Children Act 1989 or enquiries under s47 of the same act.

5. For example, deciding whether to apply to Court for an Emergency Protection Order (EPO)

    Ref: Keeping Children Safe in Education 2018, page 12
PART FOUR
TOWARDS A BETTER UNDERSTANDING OF HARM, ABUSE AND NEGLECT

UNDERSTANDING CHILD ABUSE & NEGLECT

Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Adults in school are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, pupils, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or school staff being alerted to concerns.

SOURCES OF HARM
All staff are aware of our responsibility to act in order to protect children from various potential sources and types of harm, for example:
- Physical, sexual, emotional abuse and neglect;
- Racist, disability and homophobic or transphobic abuse;
- Gender-based violence/violence against women and girls;
- Peer on Peer abuse, e.g. initiation / hazing-type violence, bullying, including online bullying and prejudice-based bullying, physical abuse, sexual violence and harassment, including sexting;
- Radicalisation and/or extremist behaviour;
- Child sexual exploitation, criminal exploitation, modern slavery and trafficking;
- Gang-related activity and association with organised crime groups;
- The impact of new and evolving technologies;
- Substance and alcohol misuse, domestic abuse and the mental ill-health of a parent or carer - the so-called 'toxic trio' (See Appendix 3);
- Issues that may be specific to a local area or population;
- So-called 'honour-based violence' including female genital mutilation, forced marriage, breast ironing / flattening;
- Fabricated or induced illness (formerly known as 'Munchausen's');
- Poor parenting, particularly in relation to babies and young children.

CONTEXTUAL SAFEGUARDING 27
We understand that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families too. For example, extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

Such threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines;

27 Contextual Safeguarding Website & Further Information
trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

We will contribute fully to multi-agency processes and assessments in such cases in order to help to:

a. establish whether wider environmental factors are present in a child’s life and are a threat to their safety and/or welfare; and

b. ensure that interventions focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children’s social care.

Fabricated or Induced Illness

Definition

Fabricated or induced illness (FII) occurs when a parent or carer, usually the child’s biological mother, exaggerates or deliberately causes symptoms of illness in the child. The term FII covers a wide range of behaviours, from anxiety to deliberately causing symptoms. Some psychiatric illnesses and conditions may also affect the carer’s perception. The carer may benefit from the attention in some way.

Fabricated or induced illness by carers (FII) can cause significant harm to children. It involves a well child presented by a carer as ill or disabled, or presented with a more significant problem than he or she has in reality, and suffering harm as a consequence. FII often goes unreported or remains undetected and is emotionally harmful. Usually involving the child’s mother, most cases commence when children are under five.

A large number of mothers involved in FII have borderline personality disorders characterised by emotional instability, impulsiveness and disturbed thinking. Some mothers involved in FII have so-called "somatoform disorders", where they experience multiple, recurrent physical symptoms. A proportion of these mothers also have Munchausen’s syndrome.

Some carers have unresolved psychological and behavioural problems, such as a history of self-harming, or drug or alcohol misuse. Some may have experienced the death of another child.

There have also been reported cases where illness was fabricated or induced for financial reasons – for example, to claim disability benefits.

FII needs to be understood and assessed in terms of the interaction(s) between three variables:

- the child’s health;
- the parent’s view; and
- the medical view.

Medically, conditions which are particularly vulnerable to fabrication are generally those where a diagnosis rests primarily on history and where abnormalities on physical examination or tests are episodic, with periods of normality in between, e.g. epilepsy. Carer may falsify objective features of illness, without directly harming the child. Examples include placing blood on the child’s clothing or in their nappy, contaminating samples to mimic infection, and falsifying blood sugar records to suggest diabetes. At the more damaging end of the spectrum, carers may induce illness in their child by smothering or poisoning, or by withholding food or essential medicines.

Things to be Mindful of and to Look Out For

Some potential indicators of FII include:

- Symptoms only appear when the parent or carer is present;
- The only person claiming to notice symptoms is the parent or carer;
• The affected child has an inexplicably poor response to medication or other treatment;
• If one particular health problem is resolved, new symptoms reported;
• The child's alleged symptoms don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't become unwell;
• The parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff;
• The child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition, e.g. they never go to school or have to wear leg braces even though they can walk properly;
• The parent or carer has good medical knowledge or a medical background;
• The parent or carer doesn't seem too worried about the child's health, despite being very attentive;
• The parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged;
• One parent (commonly the father) has little or no involvement in the care of the child;
• The parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary;
• The medical history doesn't make sense.

It should be clear that suspected FII is a serious safeguarding issue and child protection procedures must always be followed. All staff should also be especially mindful of confidentiality and record-keeping issues as these things are especially important in these cases. The adult(s) who may be implicated should not be confronted directly. To do so could have significant evidential implications and increase the risk of harm to a child.

Further Information
Fabricated or induced illness: safeguarding children
RCPCH Paediatrician’s Guide to FII

Faltering Growth

It may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints on the parents’ or carers’ ability to meet their children’s needs with an appreciation of how people in similar circumstances have been able to meet those needs. This term ‘faltering growth’ (previously referred to as ‘failure to thrive’) is used in relation to infants and young children whose weight gain occurs more slowly than expected.

Abuse Linked to a Belief in Spirit Possession or Witchcraft

Research indicates that the belief in ‘spirit possession’ or ‘witchcraft’ is widespread across the world. It is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country. These beliefs occupy a broad spectrum, and the effects range from harmless to harmful. Belief in spirit possession and witchcraft is not of itself evidence of maltreatment.

28 NICE guidance on Faltering Growth
Although the number of known child abuse cases linked to accusations of ‘spirit possession’ or ‘witchcraft’ in Britain is small, it is possible that a significant number of cases go undetected. The nature of the abuse can be particularly disturbing and the impact on the child is substantial and serious.

There are links between ‘spirit possession’ and ‘witchcraft’ and exploitation in that belief in magic or witchcraft may be used to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

The term ‘spirit possession’ means that a force, spirit, god or demon has entered a child and is controlling him or her resulting in a change in health or behaviour. Sometimes the term ‘witch’ or ‘witchcraft’ is used. This is the belief that a child is able to use an evil force or supernatural powers to harm others. There is a range of terminology connected to such beliefs, for example black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah and child sorcerers.

Families, carers and the children involved can hold genuine beliefs that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them. There may also be an element of the adult gaining some gratification through the ritualistic abuse of the child, which may even result in the death of the child.

Vulnerability
In cases of ‘spirit possession’ or ‘witchcraft’ which involve children, the parent/carer views the child as ‘different’ and attributes this to the child being ‘possessed’. This can lead to attempts to exorcise the child.

The reasons for being ‘different’ can be varied, and include disobedience, independence, bedwetting, nightmares or illness. In some cases there will be no obvious difference and the child will have been targeted because they are perceived to be ‘spiritually’ different. The attempt to exorcise may involve beating, burning, starvation, cutting/stabbing and/or isolation within the household, all of which obviously constitute abuse.

Things to Look Out For
Indicators of abuse linked to belief in spirit possession, which may also be common features in other kinds of abuse, include:

- A child reporting that they are, or have been, accused of being ‘evil’, and/or that they are having the ‘devil beaten out of them’;
- Signs of physical abuse;
- A child becoming noticeably confused, withdrawn, disorientated or isolated;
- Personal care deteriorating;
- Attendance becoming irregular or child being taken out of school altogether;
- A deterioration in a child’s performance at school;
- Lack of parental concern or attachment.

Further Information
Safeguarding Children in Faith Settings 2016
Faith based abuse: National Action Plan

41
### Definitions of Child Abuse and Neglect

#### Sexual abuse involves:
- Forcing or enticing, a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve:
  - Physical contact including assault by penetration (for example, rape or oral sex);
  - Non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
  - They may also include non-contact activities such as:
    - Involving children in looking at, or in the production of sexual images;
    - Watching sexual activities;
    - Encouraging children to behave in sexually inappropriate ways;
    - Grooming a child in preparation for abuse (including via the internet).
  - Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

#### Emotional abuse is:
- The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. May involve:
  - Conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person;
  - Not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate;
  - Age or developmentally inappropriate expectations being imposed on children (These may include interactions that are beyond the child’s developmental capability, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction);
  - Seeing or hearing the ill-treatment of another;
  - Serious bullying (including cyber-bullying),
  - Causing children frequently to feel frightened or in danger;
  - The exploitation or corruption of children.
  - Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### Physical abuse may involve:
- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Fabricated Illness**
- The carer does not physically harm the child but reports a clinical story which is fabricated. This is frequently ‘supported’ by false specimens e.g. use of menstrual or animal blood;

**Induced Illness**
- The carer inflicts harm on the child e.g. poisoning, suffocation, tearing etc.

#### Neglect is:
- The persistent failure to meet a child’s basic physical and/or psychological needs:
  - Likely to result in the serious impairment of the child’s health or development;
  - Neglect may occur during pregnancy as a result of maternal substance misuse;
  - Once a child is born, neglect may involve a parent or carer failing to:
    - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
    - Protect a child from physical and emotional harm or danger;
    - Ensure adequate supervision (including the use of inadequate care-givers);
    - Ensure access to appropriate medical care or treatment.
  - It may also include neglect of, or being unresponsive to, a child’s basic emotional needs.
### Possible Indicators of Abuse and Neglect

<table>
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<tr>
<th>Neglect</th>
<th>Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
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<tbody>
<tr>
<td>Tired/listless</td>
<td>Failure to thrive</td>
<td>Unexplained injuries</td>
<td>Age inappropriate sexual behaviour/ knowledge/ promiscuity</td>
</tr>
<tr>
<td>Unkempt</td>
<td>Attention seeking</td>
<td>Injuries on certain parts of the body</td>
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<tr>
<td>Poor hygiene</td>
<td>Over ready to relate to others</td>
<td>Injuries in various stages of healing</td>
<td>Wary of adults/ running away from home</td>
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<tr>
<td>Untreated medical conditions</td>
<td>Low self esteem</td>
<td>Injuries that reflect an article used</td>
<td>Eating disorders/depression/ self-harm</td>
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<tr>
<td>Medical appointments missed</td>
<td>Apathy</td>
<td>Flinching when approached</td>
<td>Unexplained gifts/ money</td>
</tr>
<tr>
<td>Constantly hungry or stealing food</td>
<td>Depression/self-harm Drink/drug/solvent abuse</td>
<td>Reluctant to change</td>
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<tr>
<td>Over eats when food is available</td>
<td>Persistently being over protective</td>
<td>Crying/ instability</td>
<td>Stomach pains when walking or sitting</td>
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<tr>
<td>Poor growth</td>
<td>Constantly shouting at, threatening or demeaning a child</td>
<td>Afraid of home</td>
<td>Bedwetting</td>
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<td>Poor/late attendance</td>
<td>Withholding love and affection</td>
<td>Behavioural extremes</td>
<td>Recurrent genital discharge / infections</td>
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<td>Being regularly left alone or unsupervised</td>
<td>Regularly humiliating a child</td>
<td>Apathy/depression</td>
<td>Sexually transmitted diseases</td>
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<td>Dressed inappropriately for the weather condition</td>
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<td>Wanting arms and legs covered even in very hot weather</td>
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<td>Having few friends and/or being withdrawn</td>
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<tr>
<td>Ill equipped for school</td>
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Further, really useful information about possible indicators of different types of abuse and neglect can be found at [www.nspcc.org.uk/core-info](http://www.nspcc.org.uk/core-info)
CHILD SEXUAL EXPLOITATION (CSE)

Definition
CSE is a form of sexual abuse whereby children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation does not always involve physical contact and can happen online.

CSE Appropriate Language Guidance 2018

Consent cannot be given by victims of sexual abuse, including CSE, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Children can be groomed by peers and / or exploited as part of gang-related activity.

https://www.disrespectnobody.co.uk/consent/what-is-consent/

Any concerns relating to child sexual exploitation will be reported to the DSL who will follow the procedures laid-out here and the Kirklees Safeguarding Children Board procedures:

http://www.kirkleessafeguardingchildren.co.uk/child-sexual-exploitation.html

Vulnerability
CSE happens to children from all walks of life and research estimates that around a third of victims are boys. Looked after children might be especially vulnerable to CSE, as might those with learning disabilities. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Child missing from home or care
https://www.kirkleessafeguardingchildren.co.uk/missing-children.html

Prevention, Disruption and Ongoing Protection
There are a number of things that we can do to prevent CSE and / or help other agencies to disrupt the activities of those engaging or intent on engaging in it:

- Via the curriculum and through engagement with parents and carers, we will raise awareness around healthy relationships and, where appropriate, CSE and grooming processes, including how this can happen online;
- Information sharing is vital in identifying and tackling all forms of abuse and especially child sexual exploitation. We will be vigilant, seek advice, monitor attendance, keep robust registers, share information and contribute effectively to multi-agency processes designed to prevent, disrupt and / or prosecute perpetrators of CSE.

Further Information and Useful Resources
CSE Definition & Guide for Practitioners 2017
CSE Guidance 2017 Annexes
Barnardos CSE resources and information
http://www.menandboyscoalition.org.uk/members/the-blast-project/
https://www.csacentre.org.uk/
Bedford Univ useful CSE films
Information and Support for Parents PACE
https://www.e-safetysupport.com/online_training_CSE
Possible Indicators of Child Sexual Exploitation

**SEXUAL HEALTH & BEHAVIOUR**
Sexually transmitted infections; pregnancy, terminations; inappropriate sexualised behaviour(s)

**ABSENT FROM SCHOOL OR REPEATEDLY RUNNING AWAY**
Truancy or regularly going missing / running away

**FAMILY ABUSE AND / OR PROBLEMS AT HOME**
Familial abuse or neglect; forced marriage or 'honour-based' violence; domestic abuse; substance / alcohol misuse; parental mental ill-health; homelessness / being in temporary accommodation; privately fostered / Looked After

**EMOTIONAL AND PHYSICAL CONDITION**
Suicidal ideation, self-harm; low self-esteem / confidence; confusion re sexual orientation; learning difficulties / disability; poor mental health; unexplained injuries or changes in appearance

**GANGS, OLDER AGE GROUPS, INVOLVED IN CRIMINALITY**
Direct involvement with gang members; involvement in criminal activity; involvement with older individuals or lacks same-age friends, contact with victims of CSE

**USE OF TECHNOLOGY, SEXUAL BULLYING**
Evidence of ‘sexting’, sexualised communication online; problematic use of internet / social networking; multiple phones

**ALCOHOL OR DRUG MISUSE**
Problematic substance use

**RECEIPT OF UNEXPLAINED GIFTS OR MONEY**
Unexplained finances / gifts including mobile phone credit, clothes, jewellery, money

**DISTRACT OF AUTHORITY FIGURES**
Resistance to communicating with parents, teachers, social workers, foster carers, health professionals, Police etc. al
HONOUR BASED VIOLENCE

Defining HBV
The issue of HBV is important in safeguarding people of all ages from South East Asian, African, Middle Eastern, Eastern European, LGBT and Gypsy/ Romany/ Traveller communities. The Crown Prosecution Service definition of honour based violence is: “A collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.” This is abuse committed in the context of preserving 'honour' and it often involves a wider network of family or community pressure and can include multiple perpetrators.

HBV encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so-called HBV constitute abuse - regardless of the motivation - and should be handled and escalated as such i.e. any concerns should always be reported to the DSL without delay.

When dealing with the possibility, suspicions or allegations of HBV it is also imperative that staff apply the ‘one chance rule’ i.e. we may only have one chance to listen, gather crucial information and, potentially, save a life.

Under no circumstances should attempts be made to mediate or discuss HBV related concerns with parents, carers, siblings, community leaders, elders or anyone other than the DSL in the first instance. Liaison can then take place with children’s services, police and other agencies as required, information shared, any risk(s) assessed and management and support strategies put in place.

Female Genital Mutilation (FGM)

Defining FGM
Female Genital Mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals from all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of FGM.

UNICEF indicates that 125 million women and girls in 29 countries in Africa and the Middle East have experienced FGM or Cutting. According to the most recent NHS annual report, between April 2017 to March 2018, there were 6,195 individual women and girls who had an attendance where FGM was identified or a procedure related to FGM was undertaken. There were 9,490 attendances reported at NHS trusts and GP practices where FGM was identified or a procedure related to FGM was undertaken. Of the 6,195 women and girls, 85 cases of FGM took place in the UK.

Like breast ironing / flattening, FGM can come to be seen as a natural and beneficial practice carried out by a loving family, which places barriers in the way of [potential] victims coming forward to raise concerns or talk openly. Equally, staff should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them.

Who Might Be Vulnerable and What to Look Out For
- Victims are likely to come from a community that is known to practice FGM;
- Any girl born to a woman who has been subjected to FGM;
- Any girl who has a sister who has undergone FGM;
- Girls taken abroad at start of school holidays;
• Parents state that they or a relative will take the child out of the country for a prolonged period;
• A professional hears reference to FGM in conversation e.g. a child may tell other children.

*Please refer to the school’s Attendance policy re: Term time holiday.

**Things Which Might Indicate that FGM Has Taken Place**
- Girl may have difficulty walking, sitting or standing;
- May spend longer in the bathroom or toilet owing to difficulties in urinating;
- Recurrent urinary tract infections or complaints of abdominal pain;
- spend longer periods away from the classroom;
- Young girls refusing to participate in P.E. regularly without a medical note;
- Prolonged absence from school with noticeable behaviour changes on the girl’s return.

If staff have a concern regarding a girl that might be at risk of FGM they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s services. If is believed that there is an immediate risk of FGM then this should be reported to the police.

**Mandatory Reporting**
On 31 October 2015, Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) placed a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

In reality, it will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is applied to all professionals to whom this mandatory reporting duty applies. Therefore, teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out, by telephoning 101. Unless the teacher has a good reason not to, they should consider and discuss any concerns with the Designated Safeguarding Lead.


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**Breast Ironing / Flattening**

**What is it?**

Breast ironing is a form of physical abuse and should be responded to as such. It is practiced in all ten regions of Cameroon and has also been reported in Benin, Ivory Coast, Chad, Guinea-Bissau, Kenya, Togo, Zimbabwe and Guinea-Conakry. The United Nations (UN) estimates that it affects 3.8 million women around the world. Girls usually aged between 9 – 15 years and from practising communities are at greatest risk.

The practice uses large stones, a hammer or spatulas that have been heated over hot coals to compress the breast tissue of girls. (Those who derive from richer families may opt to use an elastic belt to press the breasts so as to prevent them from growing). The mutilation is designed to make teenage girls look less “womanly” and to deter unwanted male attention, pregnancy and rape.
The practice is commonly performed by family members, often the mother, and girls are led to believe that it is in their best interests and so often remain silent about it. Research indicates that some fathers may be unaware that the practice is being carried out.

Advice, Further Information & Training
NSPCC FGM Helpline
Email: fgmhelp@nspcc.org.uk
Telephone: 0800 028 3550

FGM National Guidance 2016
FGM Risk Assessment Templates including children
https://www.fgmelearning.co.uk/

Forced Marriage
Forcing a person into a marriage is a crime in England and Wales schools can play an important role in safeguarding children from forced marriage

Definition
A forced marriage is one entered into without the full and free consent of one or both parties and where violence, (physical, emotional or psychological) threats or any other form of coercion is used to cause a person to enter into a marriage.

A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example)

It is important to remember that this happens to boys as well as girls and equally important not to assume that this does not happen to children of primary school age.

Things to Look Out For
- Requests for extended period of absence;
- Failure to return from another country;
- Absence or persistent absence;
- Deterioration in behaviour, attendance, performance, punctuality;
- Withdrawal with no appropriate EHE;
- Not allowed to participate in extra-curricular activities;
- Sudden announcement of engagement to a ‘stranger’.

Advice and Further Information / Guidance
Forced Marriage Unit (FMU) for advice or information.
Email: fmu@fco.gov.uk
Tel: 020 7008 0151
Multi Agency Guidelines for Handling Cases of Forced Marriage

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29 CQC guide to capacity and consent Dec 2017
**Trafficking & Modern Slavery**

Section 52 of the Modern Slavery Act 2015 places a statutory duty on public authorities, including schools, to notify the National Crime Agency (NCA) if they observe signs or receive intelligence relating to modern slavery, e.g. human trafficking, slavery, sexual and criminal exploitation, forced labour and domestic servitude. The public authority (including schools) bears this obligation where it has ‘reasonable grounds to believe that a person may be a victim of slavery or human trafficking’.

Currently, victims of human trafficking who are identified by a ‘first responder’, including local authorities, can be referred to the NCA via the NRM (National Referral Mechanism) however this is on a voluntary basis and with the adult victim’s consent. Children do not need to give their consent to be referred to the NCA.

http://www.nationalcrimeagency.gov.uk/crime-threats/human-trafficking

Staff must discuss any modern slavery-related concerns with the DSL in school without delay. Externally, the point of contact for all modern slavery crimes should be local police.

**Advice, Support & Further Information**

**Trafficked Children Helpline** 0808 800 5000
Email help@nspcc.org.uk

**Modern Slavery Helpline** 08000 121 700
Home Office booklet
HM Govt posters and fact sheets
Trafficking: safeguarding children
http://www.gla.gov.uk/publications/resources/glaa-videos

**CRIMINAL EXPLOITATION & COUNTY LINES**

*This section needs to be read and understood alongside previous sections of this policy on issues such as Online Safeguarding, Children Missing Education (CME), Trafficking, Child Sexual Exploitation (CSE) and the sections which follow on Gang Related Activity, Peer Abuse etc.*

**Definition(s)**

Criminal exploitation is, the exploitation of a person to commit crime for someone else’s gain. County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines' which are used to buy drugs. Currently, it is estimated that there are 720 county lines in England. The most common drugs involved are heroin and cocaine, but also MDMA, cannabis, amphetamines and spice.

Child Criminal Exploitation (CCE) is geographically widespread and criminal activity is a typical feature of county lines. Gangs groom and exploit children and vulnerable people, using them to move drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Gangs sometimes use violence to threaten and intimidate when recruiting children and vulnerable people, and / or if drugs or money go missing. Girls may be groomed and forced into abusive 'relationships' with gang members and made to perform sexual acts (child sexual exploitation). Victims may also be coerced into pick-pocketing, shoplifting, benefit fraud, sham marriages, begging and cultivating drugs e.g. cannabis farming.
County Lines: Some common terminology explained

• **Cuckooing** - where gangs establish a base in the market location by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’;
• **Going country** - term that describes county lines activity. It can also mean the act of travelling to another city/town to deliver drugs or money;
• **Trapping** - the act of moving drugs from one town to another or the act of selling drugs in one;
• **Trap House** - A building used as a base from where drugs are sold (or sometimes manufactured). These houses usually are occupied by someone (usually adult drug users but sometimes young people are forced to stay in trap houses) location;
• **Trap Line** - when someone owns a mobile phone specifically for the purpose of running and selling of drug.

Things to Look Out For

Staff should be particularly mindful if / when children and young people:

• Go missing. (This obviously includes children whose attendance is poor, who are missing education or who go missing from home or care);
• Are transitioning from primary to high school;
• Suddenly have lots of money/lots of new clothes/new mobile phones;
• Are receiving lots more calls or texts than usual;
• Are carrying or selling drugs;
• Are carrying weapons or know people that have access to weapons;
• Are involved with known gang members or people that are older and who seem controlling;
• Have unexplained injuries;
• Seem very reserved, scared or seem like they have something to hide;
• Are self-harming.

Children missing education  Child missing from home or care  Children and adults missing strategy

Concerns around Child Criminal Exploitation will be dealt with in line with locally agreed protocols and procedures. Any concerns must be reported immediately to the DSL in school.

Further Information and Guidance

County Lines: criminal exploitation of children and vulnerable adults
County Lines / Criminal Exploitation Toolkit for professionals
https://www.fearless.org/en/campaigns/county-lines
National Crime Agency 2016
'Trapped' County Lines film
CHILDREN WHO DISPLAY SEXUALLY INAPPROPRIATE BEHAVIOUR

Staff will be [re]introduced to the Brook 'Traffic Light Tool' (https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool) via safeguarding training and inappropriate sexual behaviour will be considered as part of such training.

Many expressions of sexual behaviour are part of healthy development and give no cause for concern. However, when children or young people display sexual behaviour that increases their vulnerability or causes harm to someone else, adults have a responsibility to provide support and protection. Knowing how to distinguish healthy and harmful sexual behaviour in children and young people helps in both supporting the development of healthy sexuality and in the protection of children and young people from harm or abuse.

It may be misleading to label behaviours displayed by young children in the birth to 5 category, or even the 5 to 9 category, as 'sexual'. A child who plays with his or her genitals may or may not be seeking sexual pleasure. It is not clear how aware younger children are of sexual feeling, and behaviours are more likely to be seen as sexual because of the perception of the adult making the observation.

All children and young people are potentially at risk of harm, though some groups may be at increased risk of exposure to, or of developing, unhealthy sexual behaviours. These include children and young people who have a disability, have been abused, or have experienced other disruptions to their development or socialisation. It is important to recognise that in these cases extra support and guidance may be needed.

Research suggests that up to 30 per cent of child sexual abuse is committed by someone under the age of 18, i.e. by children and young people. Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than two years’ difference in age or if one of the children is pre-pubescent and the other isn’t. However, a younger child can abuse an older child, particularly if they have power over them, greater capacity etc.

Factors which may Influence Sexual Behaviour

This list is not exhaustive:

- Lack of sex and relationships information;
- Lack of privacy;
- Boredom, loneliness, anxiety, confusion or depression;
- Family/carer conflict or information and support needs;
- Lack of rules, appropriate consequences or boundaries;
- Emotional, physical or sexual abuse inc. sexual exploitation and/or trafficking;
- Communication difficulties;
- Sexual excitement or curiosity;
- Attention or relationship needs;
- Gender issues;
- Copying the behaviour of other children and young people;
- Copying behaviours seen on the internet or TV.

What Research Tells Us

Children who harm others sexually are likely to:

- Have poor self-regulation and coping skills;
- Experience social anxiety and a sense of social inadequacy;
- Have poorly internalised rules for social behaviour;
- Possess a poorly developed or primitive sense of morality;
• Lack secure and confident attachments to others;
• Exercise limited self-control, and act out their emotional experiences through negative or otherwise inappropriate behaviour;
• Have little insight into the feelings and needs of others and, indeed, their own mental states;
• Place their own needs and feelings ahead of the needs and feelings of others;
• Exhibit a poorly defined sense of personal boundaries;
• Have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share;
• Have deficits in social skills and in social competence overall.

Responding to Sexually Inappropriate Behaviour from a Child in School

Staff who observe behaviour which is concerning in this context must:

✓ Draw clear, consistent boundaries around what is and is not acceptable;
✓ Ensure that all children are made and kept safe there and then;
✓ Make an appropriate, professional record and discuss the behaviour / their concerns with the DSL / DDSL as soon as possible. (The order in which these things happens will depend on the circumstances at the time)

Staff must NOT:

😊 Fail or neglect to do any of the above;
😊 Dismiss the behaviour as banter or 'just kids being kids' - unless that is CLEARLY the case;
😊 Label children inappropriately;
😊 Breach confidences.

Assessing Behaviour - guidance for the DSL / DDSL

It will be the DSL / DDSL in school who decided on the appropriate course of action in circumstances where children display sexually inappropriate or harmful behaviour. Key questions to consider include:

• Is the behaviour consensual for all children or young people involved?
• Is the behaviour reflective of natural curiosity or experimentation?
• Does the behaviour involve children or young people of a similar age or developmental ability?
• Is the behaviour unusual for that particular child or young person?
• Is the behaviour excessive, coercive, degrading or threatening?
• Is the behaviour occurring in a public or private space? How does this affect the colour categorisation?
• Are other children or young people showing signs of alarm or distress as a result of the behaviour?

Brook has produced a really helpful resource for childcare professionals which enables them make sense of and identify different kinds of behaviour across the stages of development. It also provides a RAG rating which makes it easier to be clear about what behaviour should cause most concern.

Brook Traffic Light Tool 0-5 years  Brook Traffic Light Tool 5-9 years  Brook Traffic Light Tool 9-13 years

Finally, the tool offers helpful guidance on what can be done and what action needs to be taken at each 'level': red, amber and green.

The management of children and young people with sexually harmful behaviour is complex and specialist support may be needed to identify the reason for the behaviour and the correct intervention. The academy will work with other relevant agencies to maintain the safety of the
whole school community. Young people who display such behaviour may be victims of abuse themselves; child protection procedures will be followed for both victim and alleged perpetrator.

**PEER ABUSE**

Children may be harmed by other children or young people and staff are aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), racial, homophobic, gender or culture-related bullying or abuse, sexual violence, sexual harassment, gang-related activity (including initiations) and 'sexting' / youth produced sexual imagery.

We know that peer abuse might manifest differently for boys and girls e.g. girls being touched inappropriately or coerced into sexual activity, boys being initiated into gangs; studies have shown that boys who display sexually harmful behaviour often present with concerns around masculinity, gender roles and sexual identity for example. Such behaviour may also be indicative of a previous or ongoing abusive experience for a perpetrator and / or victim and research indicates that children with SEN, additional or complex needs are particularly vulnerable. Staff are to be mindful of the added vulnerability of children and young people who have been the victims of violent crime, including the risk that they may respond to this by abusing younger or weaker children.

**Prevention**

We recognise that is not enough 'just' to respond to incidents should they arise. We adopt a zero tolerance approach to peer abuse in any form and seek to minimise the possibility of it by:

- Creating and maintaining an environment which is safe, caring, respectful and stimulating, and which seeks to promote the social, physical and moral development of our pupils;
- Knowing our children and families well. We go 'above and beyond' in our attempts to provide strong, positive role models and to support children’s emotional wellbeing;
- Ensuring that core safeguarding and child protection policies and procedures link to, are understood and implemented in conjunction with other, related policies and procedures e.g. Computing Policy 2018, Online Safety Policy, Behaviour Policy 2017;
- Actively discouraging and challenging all unacceptable behaviour, including all forms of bullying and abuse. We will also challenge the attitudes and behaviours which underpin it;
- Having in place clear strategies for promoting positive behaviour, including a system of rewards and sanctions that is clear to staff, pupils and parents / carers alike;
- Maximising opportunities within the curriculum, via PSHE, assemblies and focused weeks to deliver key keeping safe and associated behavioural, spiritual, moral, social and cultural messages - including the use of external resources and expertise;
- Striking appropriate balances between pupil's right to privacy and the need for proportionate supervision to keep them safe in and around school;
- Ensuring that all adults associated with our school understand their role and responsibilities as role models;
- Ensuring that staff and any volunteers are trained to look for and respond appropriately to any potential indicators of peer abuse;
- Seeking appropriate and timely advice where uncertainty exists and / or concerns arise i.e. from Children’s Services / Police where necessary.

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30 Peer on Peer Abuse Toolkit: Additional information regarding peer on peer abuse can be found in Annex A of KCSiE 2018 Keeping Children Safe in Education 2018.
31 Staff are well aware of the harm caused by bullying, including cyberbullying, and implement the academy's anti-bullying procedures where necessary.
32 [http://www.antibullying.net/homophobicinfo3.htm](http://www.antibullying.net/homophobicinfo3.htm)
33 Page 19
34 Underwear rule for parents, underwear rule for children
Gang Related Activity
The Early Intervention Foundation's (2015) report on the risk factors for gang involvement and youth violence showed that risk factors can be identified in children as young as seven. Therefore, it is essential that we take every opportunity to intervene as early as possible on a key issue affecting outcomes for children. The report identified a range of predictors of gang involvement and youth violence in primary school-aged children, as well as protective factors which reduce the likelihood of youth violence and gang involvement.

We acknowledge that primary school is a critical setting for supporting children who are at risk of gang involvement, youth violence and other poor outcomes and in order to be effective, we will continue to work effectively within the wider system to fulfil our early intervention, safeguarding and child protection responsibilities effectively.

Further Information
Gangs and youth violence: for schools and colleges
Gangs - the role of primary schools IEF 2018

Sexual Violence & Sexual Harassment
Sexual violence refers to sexual offences under the Sexual Offences Act 2003. For example:

- **Rape:** A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.
- **Assault by Penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.
- **Sexual Assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

Consent
Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice. Under the Sexual Offences Act 2003, **children under the age of 13 are considered of insufficient age to give consent to sexual activity.**

The Police must be notified as soon as possible when a criminal offence has been committed or is suspected of having been committed against a child unless there are exceptional reasons not to do so. The age of criminal responsibility is ten years.

In all cases where the sexually active young person is under the age of 13, child protection procedures must be followed and a referral made to Children's Services. (In order for this to be meaningful, the young person will need to be identified, as will their sexual partner if details are known).

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35 We will adhere to the quite detailed guidance in KCSiE 2018 - Part 5
Sexual Harassment

[Child on child] sexual harassment refers to ‘unwanted conduct of a sexual nature’. It can occur online and offline and is likely to violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature.

Online sexual harassment may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

- Non-consensual sharing of sexual images and videos;
- Sexualised online bullying;
- Unwanted sexual comments and messages, including, on social media; and
- Sexual exploitation; coercion and threats.

Responding

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment, nor will they ever be made to feel ashamed for making a report.

Staff will ensure immediate safety, make an appropriate professional record and discuss the matter with the DSL / DDSL as soon as possible. Any and all incidents or allegations will be taken seriously and reported to the DSL / DDSL.

Staff must also be alert to the possibility that a child or young person who has harmed another may also be a victim and, as such, they may have significant unmet needs themselves and may, therefore, be suffering, or at risk of suffering, significant harm and be in need of protection.

Practice Principles Which Will be Applied in All Cases

We acknowledge the need for sensitivity and good judgement when dealing with these matters and everyone should be clear about how to respond. All issues will be dealt with sensitively, on a case-by-case basis, supported by children’s social care and police if required, and in-line with the guidance in Keeping Children Safe in Education 2018, Part Five. Briefly:

- The DSL will seek appropriate and timely advice wherever necessary and follow locally agreed procedures and, in so doing, will consider the possibility and take account of any wider and / or ongoing risk(s) to others.
- We will participate fully in a co-ordinated approach by child welfare/ protection, youth offending, education and health agencies;
- The needs of victims and alleged perpetrators will be considered separately. The safety and best interests of victims will be the paramount consideration at all times;
- Children and young people who abuse others are responsible for their behaviour and safeguarding action must include addressing their behaviour and its causes;
- Any plan to reduce and / or manage risk posed by a child who is alleged to have abused another must also address their needs; responses should not criminalise children.
unnecessarily.

**Further Information**

- DfE Guidance May 2018
- House of Commons Briefing on Sexual Harassment August 2018
- Ending violence against women and girls 2016-2020 strategy
- Violence against women and girls: national statement of expectations for victims
The well-being of all children in our academy is supported and our pastoral system ensures that we build relationships and monitor pupil wellbeing on a regular basis. We are also mindful that children with special educational needs (SEN), disabilities and/or medical conditions can face additional safeguarding challenges, not least because additional barriers can exist when recognising abuse and neglect:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability, without further, appropriate exploration;
- There can be a reluctance to even consider the possibility that someone would abuse a disabled child;
- Being more prone to peer group isolation than other children;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

Research indicates that disabled children are especially vulnerable to all forms of abuse and neglect, including fabricated or induced illness. The reasons for this are multiple and can include increased dependency, communication difficulties and isolation. Moreover, a number of serious case reviews have highlighted the dangers inherent in an overriding emphasis on adult / parental support where disabled children are concerned.

Disabled children might also suffer abuse other than via overt physical or sexual assaults. This means that staff need to think carefully and holistically about the needs of individual children in respect of things like privacy, dignity and respect, food, mobility, online activity, promoting positive behaviour, medication, finances, supervision, restraint, intimate care and the use of aids and adaptations.

Spontaneous disclosures are rare from disabled children, especially those who use alternative or augmentative communication systems and abuse is more likely to be identified via physical signs, behavioural responses and /or emotional presentation / changes.

National guidance makes it clear that for some children it is not yet possible to proscribe techniques for communicating about possible abusive experiences in ways which are reliable and evidentially safe.

It is imperative, therefore, that staff are sensitive to what might be very subtle indicators of abuse and neglect, especially where children have multiple disabilities. In practice, three essential questions always need to be considered:

- What is expected of this child? - developmentally, behaviourally etc.;
- Do I / we understand how any condition, disability, impairment or other factor e.g. culture impacts?
- How well do we understand this child and give them a 'voice'.

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36 NSPCC we have the right to be safe too
37
What We Do

First, we will apply the principles and practice laid-out in this and related policies to all children who attend our academy. Similarly, the LGB will monitor what we do in order to ensure that we remain compliant and effective. Furthermore, where SEN and disabled children are concerned we will ensure that:

- We fulfil our duties under the Equality Act 2010 in relation to making reasonable adjustments, non-discrimination and our Public Sector Equality Duty;
- We know our children and their wider circumstances and context(s) well;
- We work effectively with parents, carers and other agencies / professionals, including where any safeguarding or child protection issues arise;
- Key staff are absolutely familiar with relevant guidance protocols, procedures and documentation; Staff possess / develop the skills they need to give all children a ‘voice’ and, where necessary, to ensure that we are able to advocate effectively for them Triangle Image Vocabulary;
- Staff develop appropriate skills and knowledge around issues and conditions affecting individual children, accessing further and specialist training where necessary;
- Transitions are well planned and as smooth as possible.

Where children with SEN and / or disabilities are concerned, we are especially mindful of the need for a proactive, cautious and measured approach where promoting positive behaviour and, in extremis, the use of reasonable force are concerned.

We plan carefully and in partnership so that we can deliver positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers. We will also monitor, review and reflect on any issues or incidents in order to try and reduce the occurrence of behaviour which challenges and the need to use reasonable force.

Further Information and Guidance

Council for Disabled Children EHC Plans explained
Council for Disabled Children useful resources - participation, transitions etc.
Medical-conditions: supporting pupils at school
Mental health and behaviour
Ofsted 2018 - physical intervention and restriction of liberty

Looked After Children and Previously Looked After Children

The most common reason for children becoming looked after is as a result of abuse and/or neglect. Moreover, a previously looked after child remains vulnerable, potentially. We recognise that in order to safeguard these children all agencies need to work together.

Awareness is raised by and reflected in policies such as this and this is consolidated in practice via staff training and practice across the Trust. For example, we ensure that:

- We have designated and well trained staff in place;
- Within the boundaries of professional confidentiality, relevant information is made available to those who ‘need to know’ e.g. legal status, key personnel, contact arrangements, ;
- We provide additional pastoral support;
- The LGB continually assesses how effectively we are using additional monies and resources;
• We plan carefully and review regularly in order to ensure a positive and proactive approach to behaviour support;
• We draw-up individual plans, in consultation with young people, parents, carers and other agencies / professionals and in-line with relevant guidance and legislation;
• We liaise with key professionals, (e.g. social workers, Virtual Schools Heads), parents and carers to ensure that planning is effective and that any transitions are as smooth as possible.

**The Designated Teacher**
The Designated Teachers in our academy is Michael Rowland and Gemma Padgett. They work closely with the SENCO, DSL and June Wild in school to discuss how funding can be best used to support the progress of looked after children in the school and meet the needs identified in the child’s personal education plan.

Local authorities have on-going responsibilities to the young people who cease to be looked after and become care leavers. That includes keeping in touch with them, preparing an assessment of their needs and appointing a personal adviser who develops a pathway plan with the young person.

[Latest Guidance - the Designated Teacher for Looked After Children 2018](#)
Promoting the educational attainment of looked after and previously looked after children 2018

**CHILDREN & THE COURT SYSTEM**
There are various circumstances whereby the academy may need to support children in relation to court processes. For example:
• We might need to help them to understand a particular process;
• We might need to support them as part of a process involving parental separation or dispute(s) or care proceedings;
• They may be required to give evidence in court and this can be stressful for them and their families;
• We may need to support children who are members of a family that has had to be relocated after threats have been made to them.

It will be the DSL and Principal who lead in these circumstances and they will work closely with relevant agencies and professionals, as required and in-line with locally agreed protocols and procedures. They will also refer to the following, age appropriate guides:
[Advice for 5-11-year olds witnesses in criminal courts](#)
[Advice for 12-17 year old witnesses in criminal courts](#)
[https://helpwithchildarrangements.service.justice.gov.uk/](https://helpwithchildarrangements.service.justice.gov.uk/)
CHILDREN WITH FAMILY MEMBERS IN PRISON

Approximately 200,000 children have a parent sent to prison each year and we are mindful that these children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. For some children the process can feel very like bereavement and we will provide them with appropriate support at every stage.

It will be the DSL and Principal who lead in these circumstances. They will work closely with relevant staff in school as well as any other agencies and professionals involved, as required and in-line with locally agreed protocols and procedures.

They may also draw upon the useful guidance provided by the National Information Centre on Children of Offenders (NICCO) which provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children. National Information Centre on Children of Offenders

PRIVATE FOSTERING

Most children spend some time staying with friends and relatives. However, in some situations the arrangements can become more permanent. If a child aged under 16 years (or 18 years if THEY ARE disabled) goes to live with a person who is not a close relative to them (e.g. a great aunt or a friend) for more than 28 days or more, this is known as private fostering and the local authority must be notified.

Private Fostering happens for lots of different reasons some of which include:

- Children living with a friend’s family as a result of separation, divorce or problems at home;
- Children sent to this country for education or health care by birth parents living overseas;
- Teenagers living with the family of a boyfriend or girlfriend;
- Teenagers who have broken ties with their parents and are staying with friends or non-relative;
- Those living with host families whilst pursuing courses of study.

If a private fostering arrangement is brought to the attention of someone in school, the DSL must be informed. The DSL then has a duty to notify the local authority of the arrangement:

Private fostering: local authorities
- Duty and Advice – 01484456848

Once notified, a social worker from the local authority will to arrange to visit the child’s parents, the private foster carers and the child themselves. They will keep in touch with those people at regular intervals in order to ensure that everything is going well. They will offer support and guidance to both the foster cares and parents, particularly in respect of making plans for the child’s future and helping the child to keep in touch with their culture and background. The social worker will also offer advice on any welfare benefits that the private foster carers may be entitled to.

YOUNG CARERS

Definition

A young carer is a child (under 18) who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. Most young carers look after one of their parents or care for a brother or sister.

Some examples of the tasks young people undertake are:

- Household chores – including washing, cooking and cleaning on behalf of the whole family;
• Personal/nursing care – such as giving medication, changing dressings, assisting with mobility;
• Intimate care – washing, dressing and assisting with toilet requirements;
• Emotional support – monitoring and meeting the emotional needs of the person;
• Childcare – helping to care for younger siblings, including escorting to school, in addition to other caring tasks
• Other – household administration such as paying bills, accompanying the cared-for person to hospital, or acting as a translator for non-speaking sensory impaired, or those whose first language is not English.

Caring responsibilities can impact significantly on children and young people, both in and outside school. Staff have a central role to play in giving them a voice and helping them to reach their potential through the provision of emotional and practical support.

Impact
Potential difficulties which staff should be particularly mindful of include:
• Attendance / lateness;
• Completing homework;
• Lack of time to play, relax and socialise;
• Isolation from friends, peers and wider family;
• Inability to participate in extra-curricular activities and the broader life of the school;
• Conflict between the needs of the person they are helping and their own needs leading to feelings of guilt and resentment;
• Feeling that there is nobody there for them, that professionals do not listen to them and are working only with the adult;
• Lack of recognition, praise or respect for their contribution;
• Feeling that they are different from other children and are unable to be part of the group;
• Problems with transitions and change.

The Children and Families Act and Care Act 2014 strengthened the rights of young carers by giving them the right to be assessed, regardless of who they care for, what type of care they provide or how often they provide it. In addition, a young carer has the right to an assessment based on the appearance of need – which means that they do not need to request an assessment or be undertaking a ‘regular and substantial’ amount of care. (An assessment can be requested however).

All of this means that when a child is identified as a young carer, the needs of everyone in the family are to be considered.

In conducting assessments, local authorities are required to:
• Assess why a child is caring;
• What needs to change;
• What would help the family to prevent children from taking on this responsibility;
• Take a whole family approach, i.e. by assessing and supporting adults so that young carer’s needs are identified when undertaking an adult or adult carer’s needs assessment;
• Ensure that adult’s and children’s services work together to assess effectively.

Further Information about Young Carers
The Children's Society facilitates support groups for young carers in many areas:
http://www.childrenssociety.org.uk/in-your-area
APPENDIX 1 Safeguarding Children at Our Academy - A Quick Guide

Introduction
This brief guide provides an overview of safeguarding and child protection arrangements in school; we hope you find it useful. The academy’s [full] Safeguarding and Child Protection Policy and Procedures can be found on our website or, alternatively, a copy can be requested from the school office.

What does Safeguarding mean?
Safeguarding and promoting the welfare of children is a really important part of our academy’s work and we have certain legal duties that we must fulfil; it is the responsibility of Focus Trust and our governors to make sure that we have the right things in place. When we are inspected, Ofsted checks to make sure that this is the case and we are meeting our safeguarding responsibilities.

When we talk about safeguarding we mean helping children to keep safe. This means protecting them from child abuse and neglect, but safeguarding is about much more than that. Schools are particularly important because staff see children every day. This means that they are in a good position to pick-up on problems and concerns and that schools can provide or get some early help which might stop things from getting worse.

What WE do to Safeguard Children
Some examples of the ways that we safeguard children in school include:

• Teaching them to understand the risks around them and what to do when they feel unsafe. We do this as part of the curriculum but also use assemblies and speakers / organisations from outside school e.g. the NSPCC;
• Listening carefully to what children tell us and regularly ask them what they think;
• Consulting and working in partnership with parents, carers and, where necessary, external agencies and professionals;
• Recruiting and checking staff and volunteers who work in our academy safely, in-line with national guidance and best practice;
• Keeping our site as secure as possible, so that we know where children are and who comes into school;
• Promoting good attendance and positive behaviour. This helps us to prevent and protect children from different types of bullying, among other things;
• Helping children to understand and keep safe from risks and dangers which they may encounter online or via the use of phones and other technologies;
• Promoting healthy eating;
• Promoting children’s spiritual, moral, social and cultural wellbeing and development, including British Values, so that they understand and are protected from all forms of radicalisation and extremism;
• Dealing properly with sensitive and confidential information. This includes keeping records safely and securely, seeking appropriate consent and sharing information only with people who need to know;
• Ensuring that contractors and other people who come into school or use our facilities are checked and trained in safeguarding and child protection;
• Making sure that all governors, staff and volunteers know how to conduct themselves and that they are well trained and up-to-date on safeguarding issues so that they all know what to look for and exactly what to do if they are worried;
• Having staff trained to lead on particular issues in school so that they are in a position to advise and support other staff, parents and pupils e.g. Jenna Cave (Computing lead), Amanda Spencer (SENCO), Leisa Farrar (Pupil Premium Champion, Gemma Padgett (Designated teacher for Looked After Children)
• Having senior staff who act as Designated Safeguarding Leads (DSLs) in school. They receive in-depth training and take the lead on safeguarding and child protection. The DSLs work closely with other professionals as part of their safeguarding role.

**Things that YOU can Do to Help us Safeguard Children**

We ask all parents and carers to do all that they can to help us to keep children safe. Some especially important things that you can do include:
• Delivering, reinforcing and supporting keeping safe messages such as the importance of good time-keeping, regular school attendance and high standards of behaviour;
• Respecting school policies on things like parking on and around the site;
• Sticking to Acceptable Use Policies on the use of mobile phones, cameras / videos / images, including online and at school events etc.;
• Modelling responsible use of social media and helping to reinforce key messages to your children about keeping safe when using technology and the internet;
• Treating one another, all staff and pupils with dignity and respect at all times;
• Sharing good ideas and / or practice as well as bringing any issues, problems or concerns to our attention as soon as possible and in good faith. This includes concerns about an adult’s conduct or about the behaviour of or concerns about a child’s welfare.

**Confidentiality and Information Sharing**

Information about children’s welfare may be shared with others outside the academy to help keep them safe from harm. We always aim to discuss this with parents or carers before we do so, but this may not always be possible. The law does allow us to share information without asking first under circumstances where we are acting to protect children from harm.

**Useful Contacts in School**

<table>
<thead>
<tr>
<th>School website</th>
<th><a href="http://www.thornhilljischool.co.uk/">http://www.thornhilljischool.co.uk/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Office</td>
<td>01924 485638</td>
</tr>
<tr>
<td>School email</td>
<td><a href="mailto:thornhill@focus-trust.co.uk">thornhill@focus-trust.co.uk</a></td>
</tr>
<tr>
<td>Head Teacher</td>
<td>Michael Rowland</td>
</tr>
<tr>
<td>Chair of Governors</td>
<td>Paul Spencer</td>
</tr>
<tr>
<td>Designated Safeguarding Lead (DSL)</td>
<td>Michael Rowland</td>
</tr>
<tr>
<td>Deputy DSL</td>
<td>Leisa Farrar, Amanda Spencer, Jen Rylance, Gemma Padgett</td>
</tr>
<tr>
<td>Special Educational Needs Coordinator (SENCO)</td>
<td>Amanda Spencer</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Designated Teacher for Looked After and Previously Looked After Children</td>
<td>Michael Rowland and Gemma Padgett</td>
</tr>
</tbody>
</table>
### APPENDIX 2  The 'Toxic Trio'

#### Introduction
The term 'Toxic Trio' is used to describe the issues of domestic abuse, mental ill health and substance misuse. **All staff should always be observant and mindful of the existence and potential impact on children of the toxic trio and any new information or concerns should be shared with the DSL in school without delay.**

An analysis of 139 serious case reviews between 2009-2011\(^{38}\) showed that in 86% of cases where children were seriously harmed or died one or more of a 'toxic trio' consisting of mental illness, substance misuse and domestic abuse played a significant part. These are now widely recognised as common features in families where harm to [women and] children occurs.

These issues rarely exist in isolation and interaction between them can be complex, overt and / or subtle and wide-ranging. For example:

- Domestic abuse may be the result of women who use drugs being more likely to be in relationships with volatile men;
- Maternal drug misuse may be a consequence of their experience of domestic abuse;
- Maternal mental ill health may be a result of violence or abuse that they have experienced or depression may lead a parent to misuse drugs or alcohol.

The elements of the toxic trio are significant factors in IPV (Interpersonal Violence) and AFV (Adult Family Violence). Research focusing on Adverse Childhood Experiences (ACE) also indicates that there is a significant overlap between these parental risk factors and outcomes for children into adulthood.

The Children's Commissioner's report (August 2018) provides a really valuable and detailed insight into children's experiences of living with the toxic trio

Children's Commissioner August 2018 - Children's Voices and the Toxic Trio

#### Domestic Violence & Abuse\(^{39}\)

**Definition**
The cross-government definition of domestic violence and abuse is: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality". The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional. (Research estimates that 140,000 children live in households where there is high-risk domestic abuse (SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives).

**Domestic abuse is a safeguarding issue** and statistics show that in 90% of cases children are present in a household during a domestic abuse incident. Often, the following day, they are ill-prepared to deal with the school day. The Adoption and Children Act 2002 makes clear and explicit the need for professionals to **always consider the need for a child protection referral** in cases where children and young people are believed to have witnessed domestic abuse as they are at increased risk of suffering significant harm.

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\(^{38}\)Brandon et al 2012

\(^{39}\)Keeping Children Safe in Education 2018  See pages 78-9 including useful links
Impact
There is no such thing as a hierarchy of domestic abuse, it is all serious, potentially very harmful and can be life-threatening. Every person will respond differently and what is not particularly traumatic for one child and/or victim may be hugely so for another.

Prolonged and / or regular exposure to DVA can have a serious impact on a child’s development and emotional wellbeing, despite the best efforts of the victim parent to protect the child. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. It can also lead to other possible risks, such as i.e. foetal death, low birth weight, early birth, infection etc. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Assessing Risk
Most risk is fluid and dynamic which means that things can change very quickly. It is not for staff in schools to assess risk where domestic abuse occurs. Formal risk assessments will be undertaken by Children’s Services, Police and / or specialist domestic abuse agencies and / or personnel; this is complex and potentially dangerous work. Anyone who is worried about domestic abuse must always seek advice and support as soon as they become aware of the possibility of it.

Research, serious case reviews and experience tell us that domestic abuse poses a particularly significant risk in some circumstances. Things to be mindful of include the following:

- Physical injuries being sustained, especially where they require hospital treatment (obviously, it is of great concern if treatment is delayed or not sought);
- During pregnancy;
- Babies or disabled children are implicated;
- People are locked-in or prevented from leaving;
- Accompanying issues pertaining to culture and / or 'honour';
- Where children and young people may be used as 'shields' and / or where their possessions are destroyed;
- Animals are harmed;
- The abuse is continuing / repeated or escalating;
- Control of finances;
- Sexual violence;
- Bizarre / ritualistic elements;
- Victim has left / plans to leave;
- Stalking / harassment;
- History of child protection / CP Plans previously or currently in place;
- Court Orders previously or currently in place, especially if there is breach.
- Research continues to remind us that suspected perpetrators of domestic abuse are not necessarily the individuals who pose the greatest risk of harm to a child in a relationship / household.

The following might indicate that some progress is being made and / or be potential signs of safety although they obviously offer no guarantees:

- Adults taking account of the impact or potential impact on children and taking appropriate steps to address behaviour;
- No evidence of children being directly involved (although they are still highly likely to know about, hear and / or see abusive behaviour);
Evidence of protective / support networks.

It is important for assessments to consider and distinguish between immediate concerns for a child's safety and wellbeing and risks which can be mitigated with appropriate support.

**Domestic Violence Disclosure Scheme (DVDS / 'Clare's Law')**

Introduced following the death of Clare Woods in 2009, the aim of DVDS is to allow the person potentially at risk a formal mechanism to make enquiries about any individual who they are in a relationship with, so they can make a more informed decision regarding their continued relationship.

The scheme was rolled-out nationwide on March 8th 2014 and enhances previous arrangements whereby disclosure occurred in a reactive way when agencies received information about an offender with a violent history.

The legal framework allows the Police to share information, but this must be proportionate and relevant. [DVDS guidance 2016](http://www.kirklees.gov.uk/beta/domestic-abuse/index.aspx)

**Domestic Violence & Abuse Useful Links and Resources**


**Safe Lives knowledge hub**
**NSPCC Domestic Abuse Information**
**Direct Work Resources - social workers toolbox**
**Resources for teachers and professionals**
**Women's Aid Hideout website & resources for children & young people**
**Domestic abuse advice for children and young people - Young Minds**
**Disrespect Nobody - relationship abuse**

**Substance and / or Alcohol Misuse**

Most parents and carers who drink alcohol or use drugs do so in moderation and don't present an increased risk of harm to their children. However, parents and carers who misuse substances often have chaotic, unpredictable lifestyles and may struggle to provide their children with safe care and clear boundaries.

**Definitions**

- **Alcohol misuse** is harmful drinking and alcohol dependence. Harmful drinking is a pattern of alcohol use which causes alcohol-related health problems, including psychological problems such as depression, physical illnesses or alcohol-related accidents. Alcohol dependence is characterised by craving alcohol and continued drinking in spite of harmful consequences. It's associated with increased criminal activity, domestic abuse and an increased rate of significant mental and physical health problems (NICE, 2011).

- **Drug misuse** is a dependence on, or regular excessive consumption of, psychoactive substances leading to social, psychological, physical or legal problems. Drug misuse is more prevalent in socially deprived areas. In England and Wales, the most commonly used psychoactive substance is cannabis, followed by cocaine and ecstasy. Opioids such as heroin are used less commonly but present the most significant health problems (NICE, 2012).
Not all parents who drink or take drugs harm their children, but children living with parents with alcohol or drug problems can be at more risk of harm and neglect. Getting parents the right help and support as early as possible is crucial in helping them to develop secure and healthy relationships with their children. Therefore, living in a household where a parent or carer misuses substances doesn’t mean a child will experience abuse, but it is a risk factor. An analysis of 175 serious case reviews (2011-14) found that 47% of cases featured parental substance misuse.

Impact
Research estimates that between 250,000 and 978,000 children have a parent who misuses drugs 920,000 to 3.5 million children in England are affected by parental alcohol problems (Source: How safe are our children? NSPCC).

Parental alcohol misuse (PAM) disrupts everyday routines and leads to inconsistent and unpredictable parenting meaning that children may feel isolated, stigmatised, and guilty; they may also have to take on caring responsibilities. PAM is also associated with neglect and domestic abuse and the prognosis for children is poorer in child protection cases involving PAM.

Problematic drug or alcohol misuse by parents can affect children differently, according to their age, developmental stage and personality. There may be some family factors which increase risk to children and others which reduce the impact of parents’ problems. Women who misuse substances during pregnancy may put their babies at risk of impaired brain development, congenital malformations, premature delivery, low birth weight and withdrawal symptoms after birth.

Children most at risk of suffering significant harm live in families experiencing a number of different problems, such as substance misuse, domestic abuse and parental mental health problems or learning difficulties. The impact of substance misuse on parents and carers can lead to negative consequences for children.

In later stages, impacts to children can include:
- Physical and emotional abuse or neglect as a result of inadequate supervision, poor role models and inappropriate parenting;
- Behavioural, emotional or cognitive problems and relationship difficulties;
- Taking on the role of carer for parents and siblings;
- Preoccupation with, or blaming themselves for, their parents’ substance misuse;
- Infrequent attendance at school and poor educational attainment;
- Experiencing poverty and inadequate and unsafe accommodation;
- Exposure to toxic substances and criminal activities;
- Separation from parents due to intervention from children’s services, imprisonment or hospitalisation;
- Increased risk of developing drug or alcohol problems or offending behaviour themselves.

Assessing Risk
Some key things to consider in assessing risk where parents or carers misuse alcohol or drugs include:
- Whether the person is a main / sole carer;
- Whether use is stable and managed or chaotic;
- Associated health risks;
- How securely and where substances are stored;
- How things are procured and what this might involve;
- Impact on mood and behaviour;
- Impact on mood - can lead to unavailability and / or unpredictable parenting;
- Risk to unborn children;
- Impact on routines e.g. school, bed, meals;
- The possibility of children being corrupted and becoming involved in crime, gang-related activity, abused or exploited;
- Young carers;
- Levels of supervision.

It is important for assessments to consider and distinguish between immediate concerns for a child's safety and wellbeing and risks which can be mitigated with appropriate support.

Further Information & Resources
https://www.talktofrank.com/
ADEPIS platform sharing information and resources for schools: covering drug (& alcohol) prevention
Drugs: advice for schools
Drug strategy 2017
Information and advice on drugs

Parental Mental Ill Health
Living in a household where parents or carers have mental health problems doesn't mean a child will experience abuse or negative consequences. Most parents are able to give their children safe and loving care. Many children whose parents or carers have mental health problems go on to achieve their full potential in life, particularly if their parents receive the right support at the right time.

The term 'mental health problems' refers to diagnosable conditions such as depression, anxiety-related disorders, schizophrenia, bipolar and personality disorders. Mental health problems affecting mothers and fathers during the perinatal period, in pregnancy and after birth, can include anxiety, depression and postnatal psychotic disorders.

Parents and carers with mental health problems may experience stressful life events, like anyone else. For example, divorce or separation, unemployment, financial hardship, poor housing, discrimination and isolation and a lack of social support may be a consequence of their illness, or cause or make their condition worse. Together, these problems can make it very hard for parents to provide their children with safe and effective care.

Impact
Research estimates that between 50,000 and more than 2 million children are affected by parental mental ill-health (Source: How safe are our children? NSPCC). Parents' and carers’ mental health problems may affect children differently according to their age, development and personality. There may be some family factors which increase the risks to children. There may also be other factors which protect children or reduce the impact of their parents' problems.

Assessing Risk
It is important to remember that most parents or carers who experience mental ill health will not abuse or neglect their children. However, mental health problems are frequently present in cases of child abuse or neglect. An analysis of 175 serious case reviews (2011-14) found that they featured in 53% of those cases.
The risks to children are greater when parental mental health problems exist alongside domestic abuse and parental substance misuse. Local authorities participating in a study by the Association of Directors of Children’s Services (ADCS) estimated that all 3 of these factors were present in between 65-90% of their Children in Need cases (ADCS, 2016).

The risk of harm to children increases when they are exposed to a number of problems at the same time or over a period of time.

- A thorough assessment of potential risks should be conducted if a family is experiencing domestic abuse or drug and alcohol problems alongside mental health difficulties;
- Always consider the severity of a parent or carer’s mental health symptoms. If they are making threats to harm themselves, their children or other family members, or if they appear to be suffering from psychotic delusions, this should always trigger a thorough assessment of risks to the children’s safety;
- Related stresses such as poverty, poor housing, family separation and lack of social support can also increase the risk of children suffering harm;
- Young children rely on their parents and carers to give them the warm, nurturing care they need for healthy development. Children are most at risk of harm when their mother’s mental health problems begin in pregnancy or the first year of life, especially if they are long-lasting or severe;
- Teenagers also need strong parental guidance and support as they transition to adulthood;
- The stresses of parenting can make it even more difficult for a parent or carer to cope and this may impact on a child’s welfare;
- If a parent or carer isn’t accepting support offered by mental health services, failing to take prescribed medication or ‘self-medicating’ or attend appointments, this may affect their functioning and ability to cope and impact on their children’s wellbeing or safety;
- Children may be more at risk of harm if the parent or carer experiencing difficulties is living alone with them without the support of another adult;
- Consider if any of the children had to take on caring responsibilities for their parent, carers or siblings.

Further Information & Resources

https://www.nspcc.org.uk/services-and-resources/childrens-services/family-smiles/
https://www.rethink.org/
https://www.mind.org.uk/
https://www.samaritans.org/
http://www.sane.org.uk/
https://www.nspcc.org.uk/services-and-resources/childrens-services/coping-with-crying/
https://www.nspcc.org.uk/services-and-resources/childrens-services/baby-steps/